Indiana Department of Insurance

Patient's Compensation Fund

311 W. Washington Street, Suite 103
Indianapolis, IN 46204
pcf-coi@idoi.IN.gov
(317) 232-2401

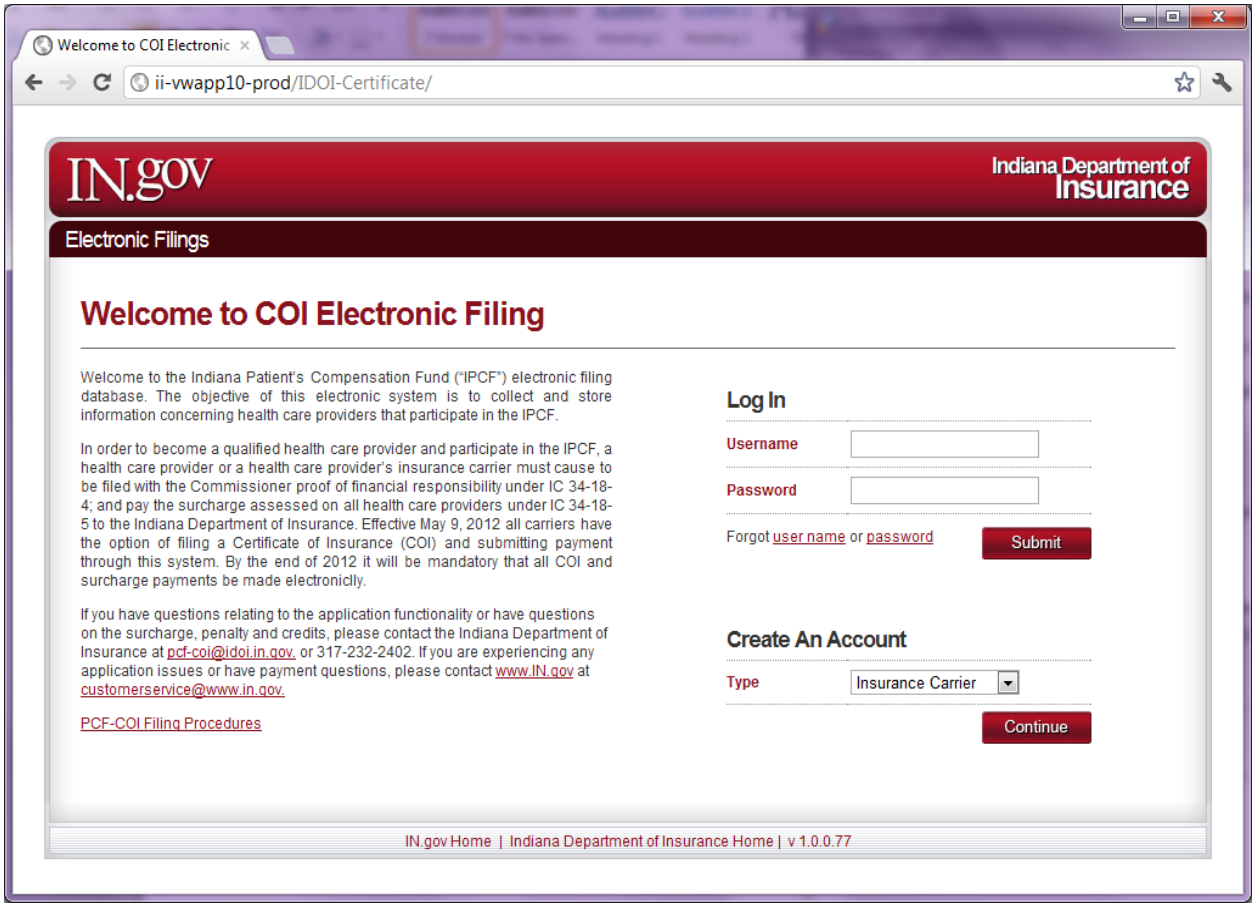
Certificate of Insurance

Electronic Filing Procedures

Table of Contents

Home Page **3**
User Types and Permissions **4**
Create a New Account **6**
Insurance Carrier *6*
Insurance Producer *7*
Enroll for Unlimited Subscription *10*
Submit a Certificate **11**
File a New / Renewal Certificate *13*
All Other Types *14*
Hospital *18*
Nursing Home *21*
Verify Information (All Provider Types) *23*
Manage Certificates (Add Selected Filings to Payer Queue) *24*
File an Amended / Cancellation Certificate **25**
Search for Certificate *25*
File an Amended Certificate *26*
File a Cancellation Certificate *29*
Manage Certificates (Add Selected Filings to Payer Queue) *31*
Make Payment **33**
Search for Certificate *34*
Pay Selected Filings – Checkout Process *36*
Pay Selected Filings – Payment via Credit Card *38*
Pay Selected Filings – Payments via Echeck *41*
Pay Selected Filings – Payment Failed *44*
View Previous Filings **45**
Credits and Reports **48**
Admin Management **50**

Home Page



The User name field is required. User name is case sensitive and can only contain numbers (0-9) and letters (A-Z). Special characters (!@#$%^&*) are not allowed. There is no minimum number required in this field, but the maximum is 20 letters and/or numbers.

The Password field is required. Password must contain at least 6 characters, with at least one (1) letter and one (1) number. Special characters (!@#$%^&*) are allowed. The maximum number of characters, letters and/or numbers is 10.

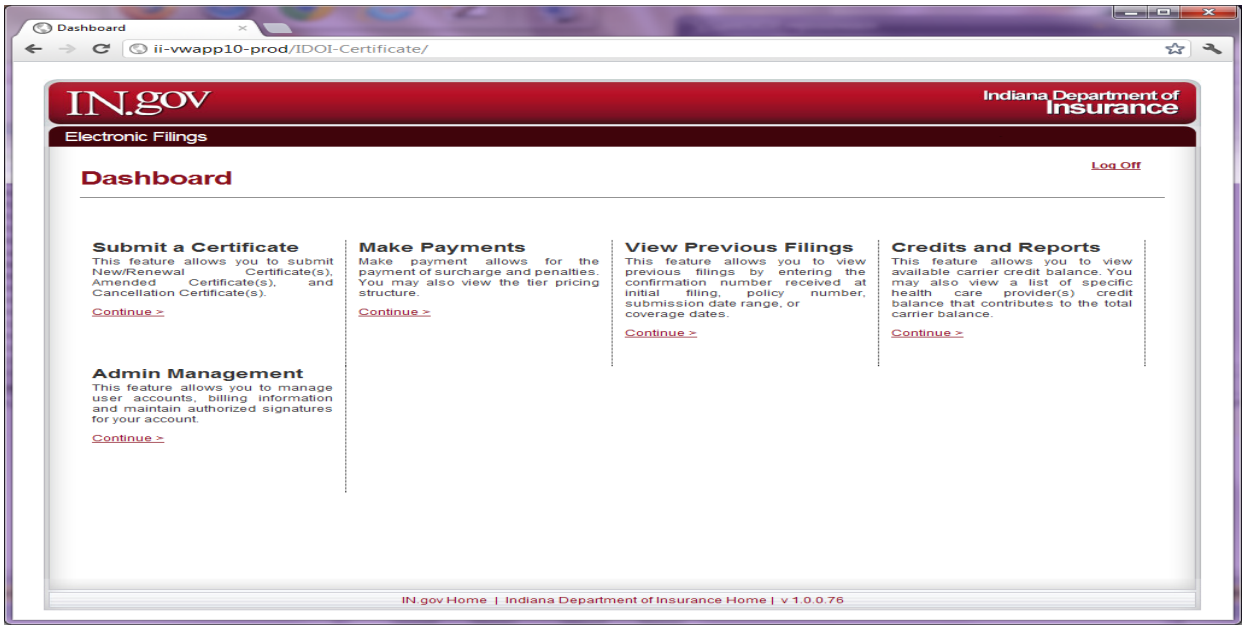
Click the **Forgot User Name** link to proceed with retrieving user name.
Click the **Forgot Password** link to proceed with retrieving password.

Click **Continue** to proceed with registration.

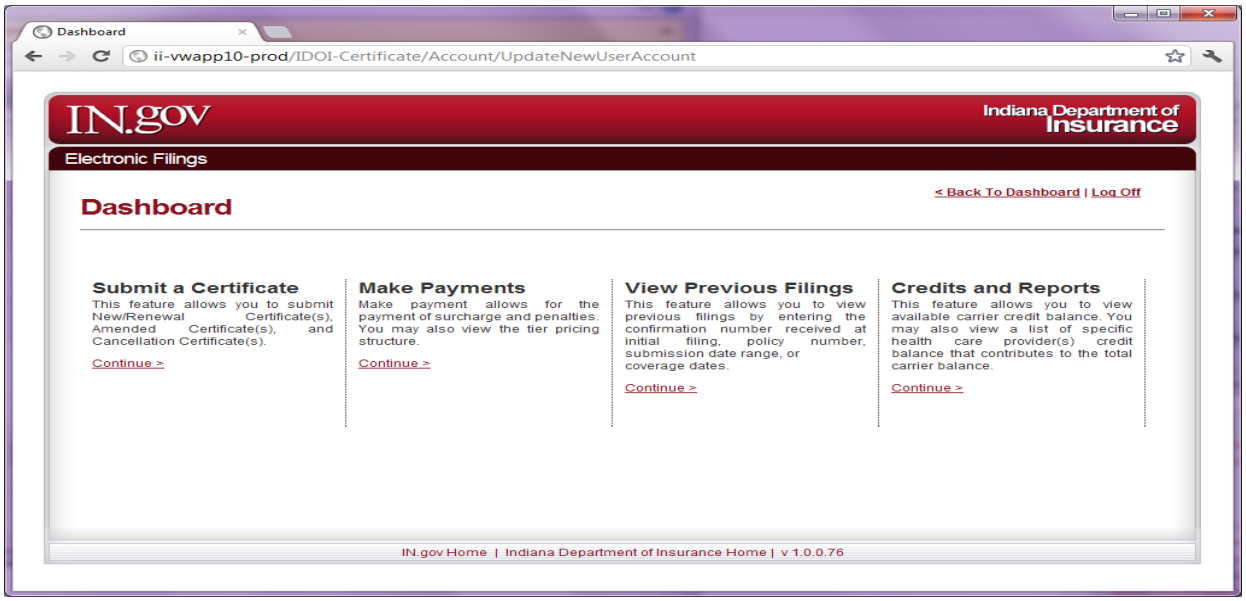
***If you have previously created your account,** then enter a valid username and password and click the **Submit** button to navigate to the dashboard.

User Types and Permissions

There are 4 types of users (roles) on the IPCF application. Designated rights for each role are as follows:

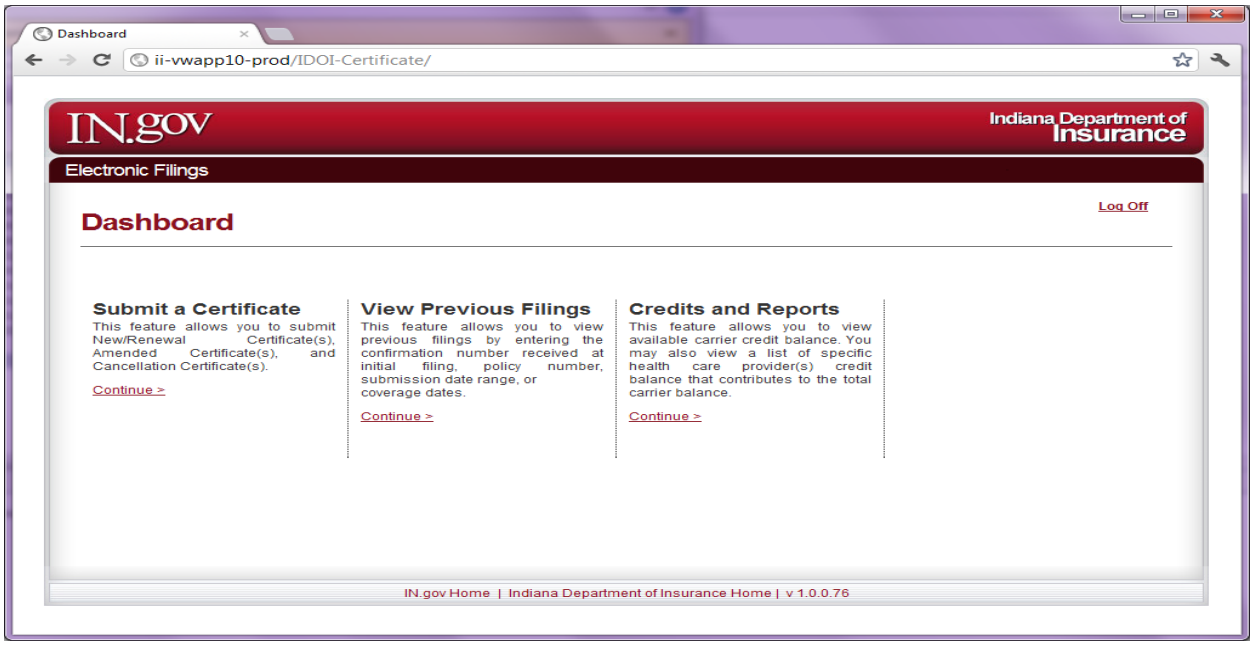


Carrier Admin (Full management of carrier account)

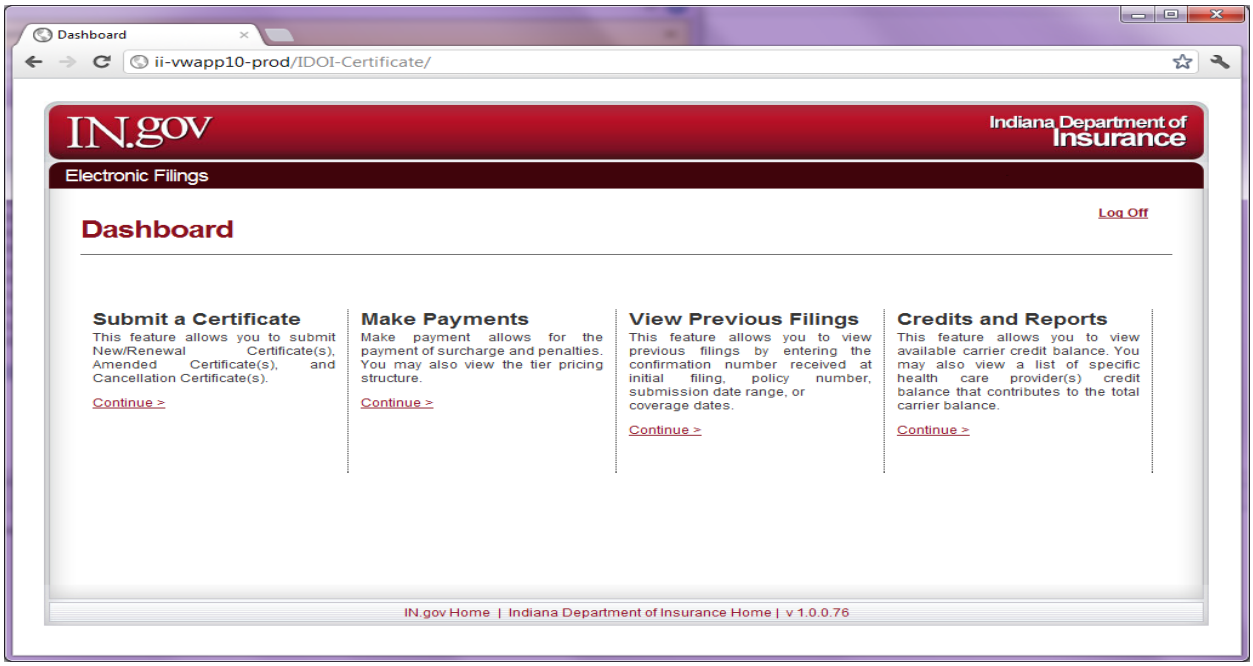


Carrier Payer (Submit a Certificate, Make Payments, View Previous Filings, and View Credits & Reports)

User Types and Permissions (cont.)



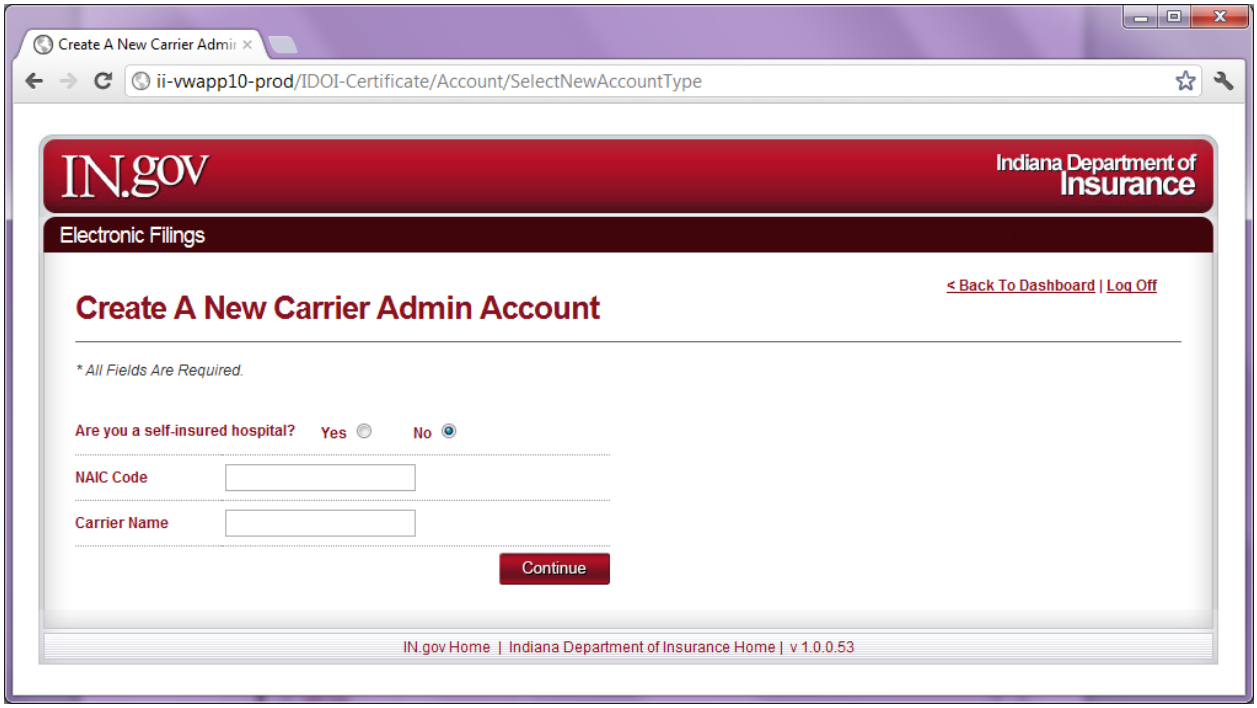
Carrier Filer (Submit a Certificate, View Previous Filings, and View Credits & Reports)



Producer (Full Management of Producer Account)

Click **Continue** to proceed with desired function.

Create a New Account
Insurance Carrier



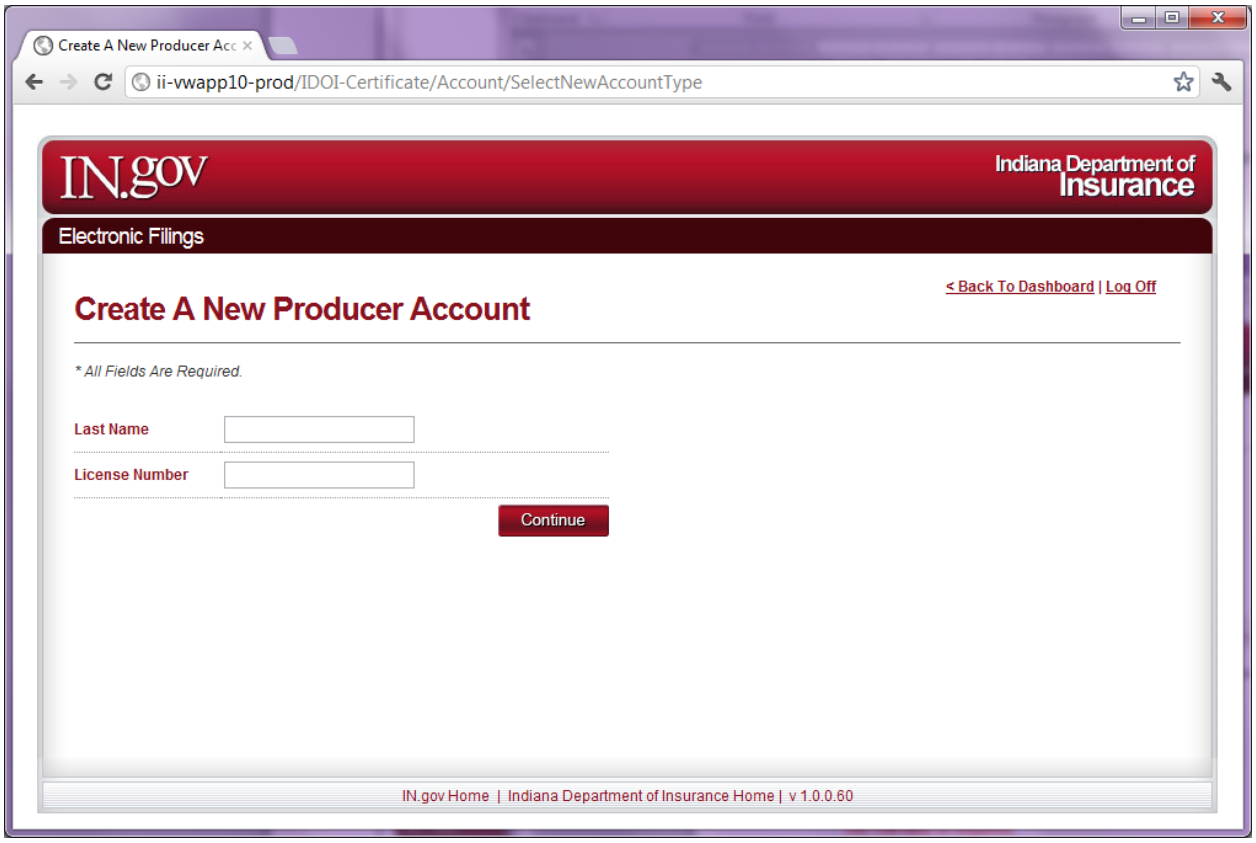
All fields are required.

The NAIC Code may only contain 5 numbers. If you are unsure of your NAIC number, please contact NAIC Customer Service at (816) 783-8300 or via email at prodserv@naic.org . You can also look up the NAIC code at https://eappps.naic.org/cis .

Enter the full legal name of the insurance carrier you are registering.

Click **Continue** to proceed with registration.

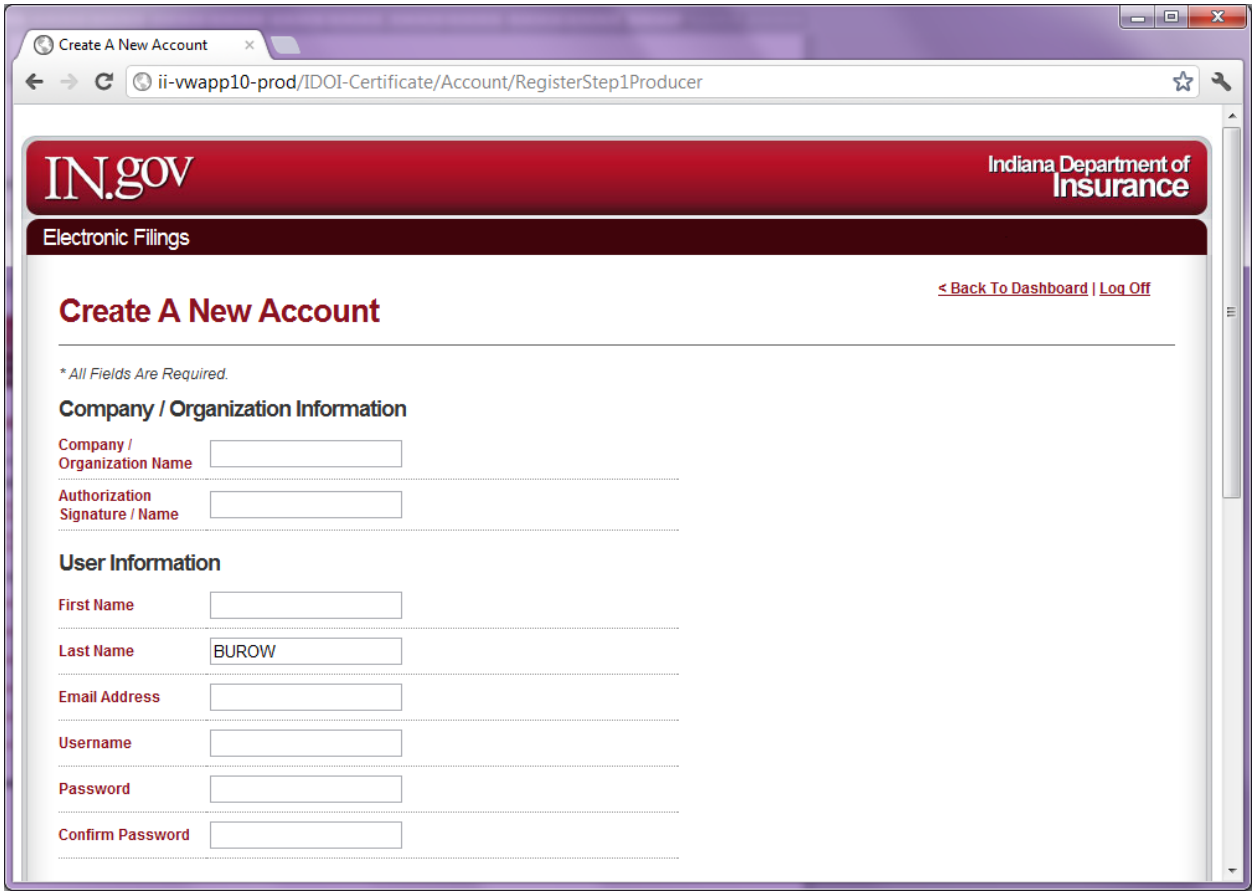
Insurance Producer



To register, producer must provide last name and valid license number.

Click **Continue** to proceed with registration.

Insurance Carrier & Producer



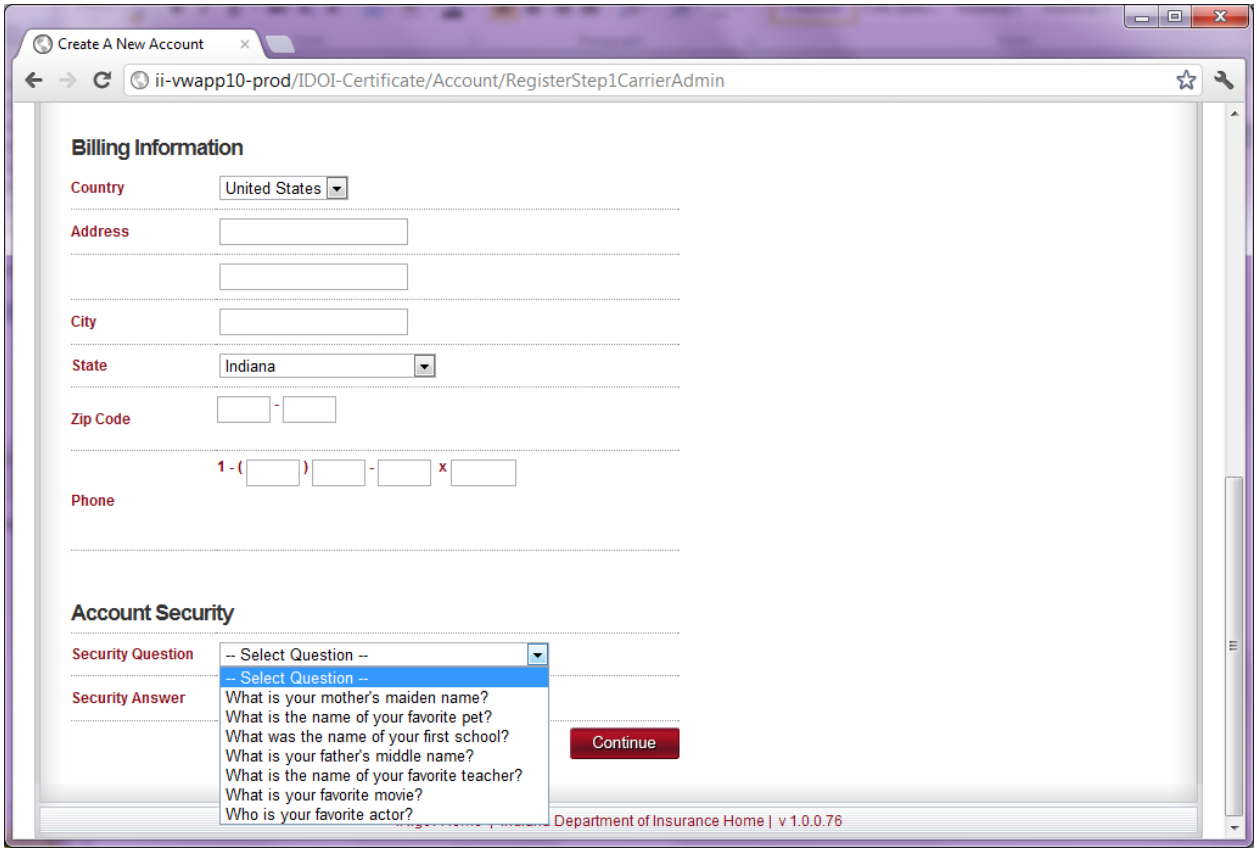
All fields are required.

User name is case sensitive and can only contain numbers (0-9) and letters (A-Z). Special characters (!@#$%^&*) are not allowed. There is no minimum number required in this field, but the maximum is 20 letters and/or numbers.

Password must contain at least 6 characters, with at least one (1) letter and one (1) number. Special characters (!@#$%^&*) are allowed. The maximum number of characters, letters and/or numbers is 10.

Click **Continue** to proceed with registration.

Insurance Carrier & Producer (cont.)

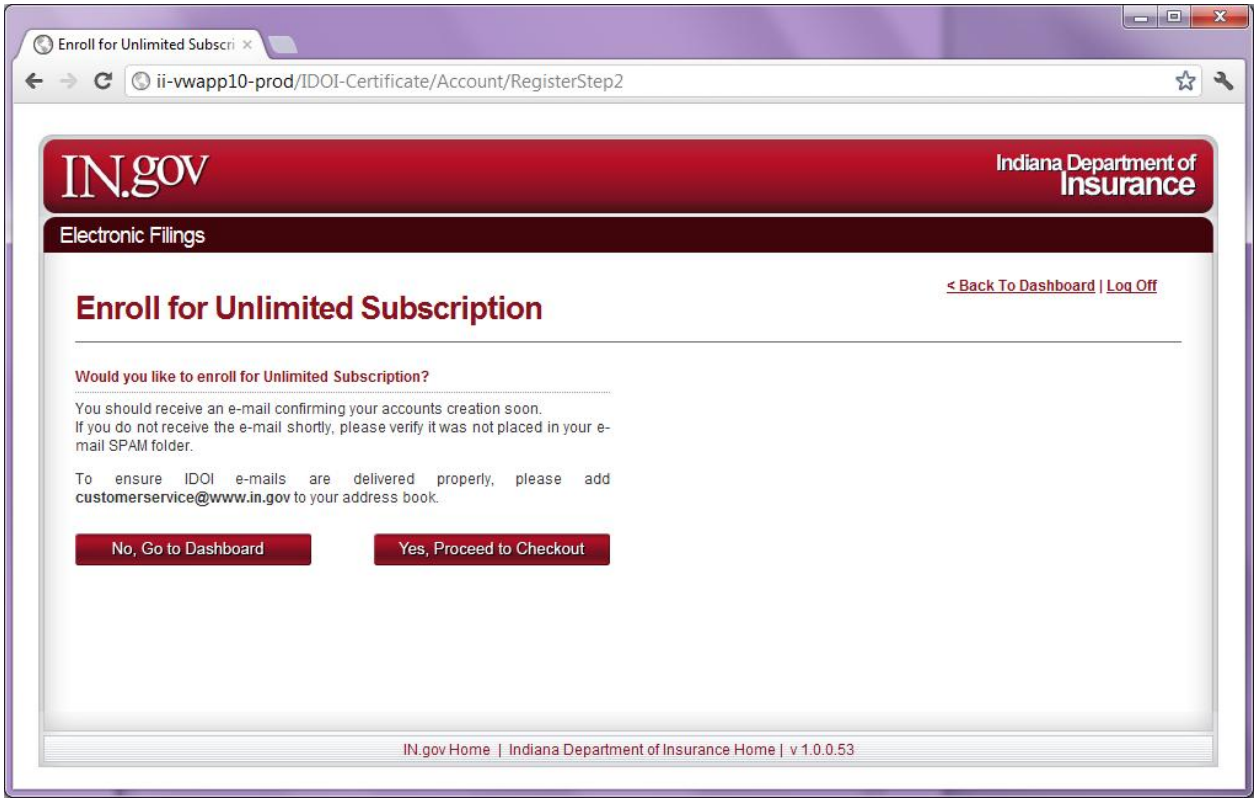


All fields are required.

Select a security question and provide an answer. Answer is not case sensitive.

Click **Continue** to proceed with registration.

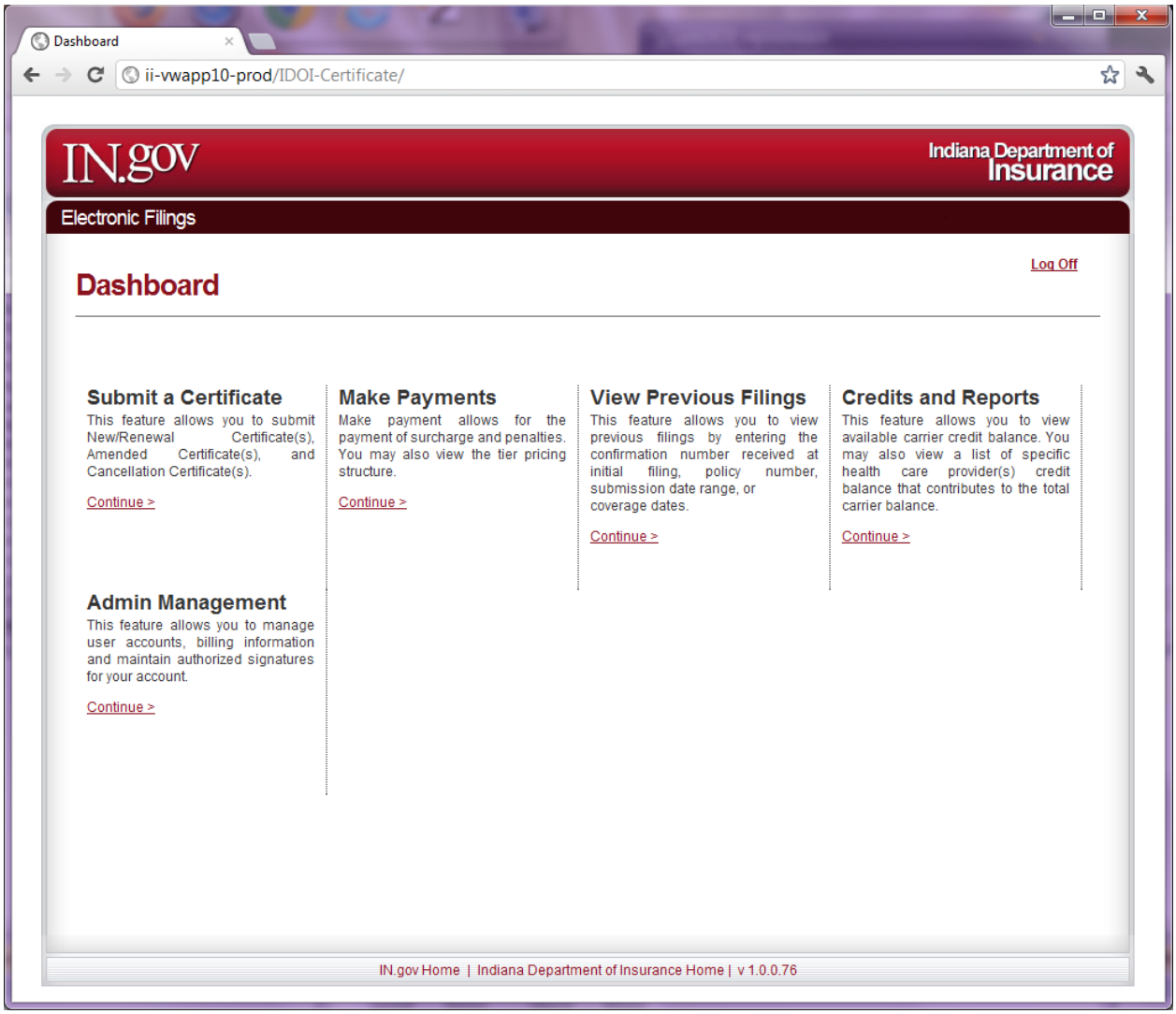
Insurance Carrier & Producer (cont.)
Enroll for Unlimited Subscription



If you would like to enroll for unlimited subscription, please click **Yes, Proceed to Checkout**. An unlimited subscription allows user to manually enter and file an unlimited number of certificates for one year from date of enrollment. The fee for this service is $1,500.00.

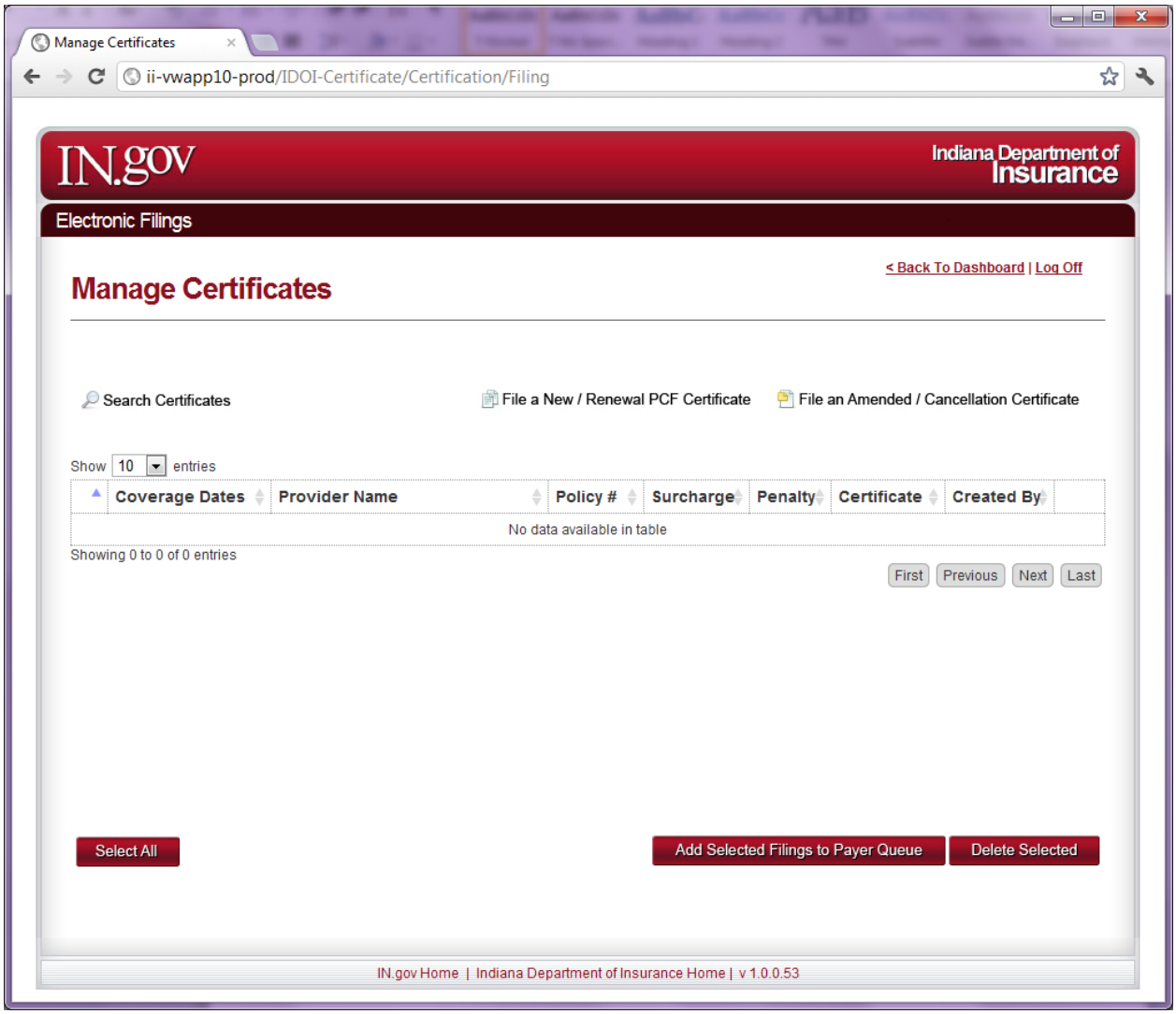
If you do not wish to enroll for unlimited subscription, please click **No, Go to dashboard**.

Submit a Certificate



Click **Continue** to proceed with filing.

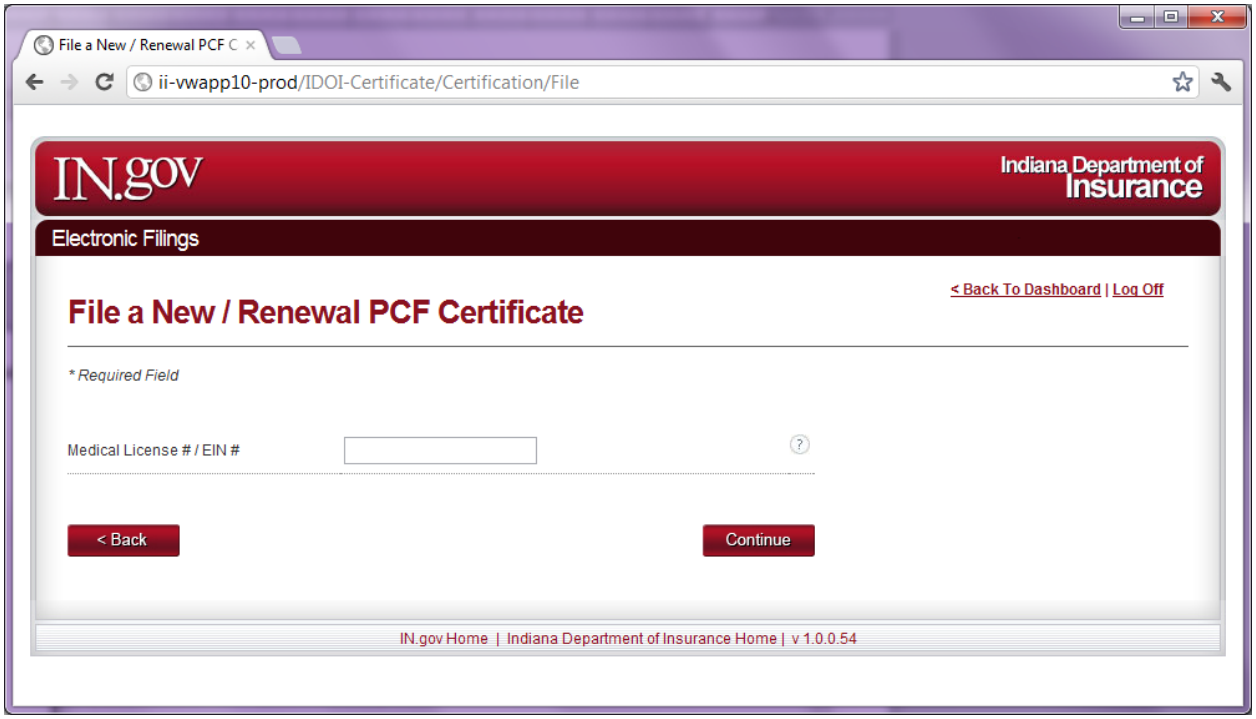
Submit a Certificate (cont.)



To file a new or renewal certificate, please click **File a New/Renewal Certificate**.

To Amend or Cancel a previously submitted certificate, please click **File an Amended/Cancellation Certificate**. A certificate that has been filed previously on paper cannot be amended electronically; you may only amend or cancel on paper.

File a New / Renewal PCF Certificate
All Other Types



All other Types includes Individuals, Ancillary Providers and Independent Ancillary Providers.

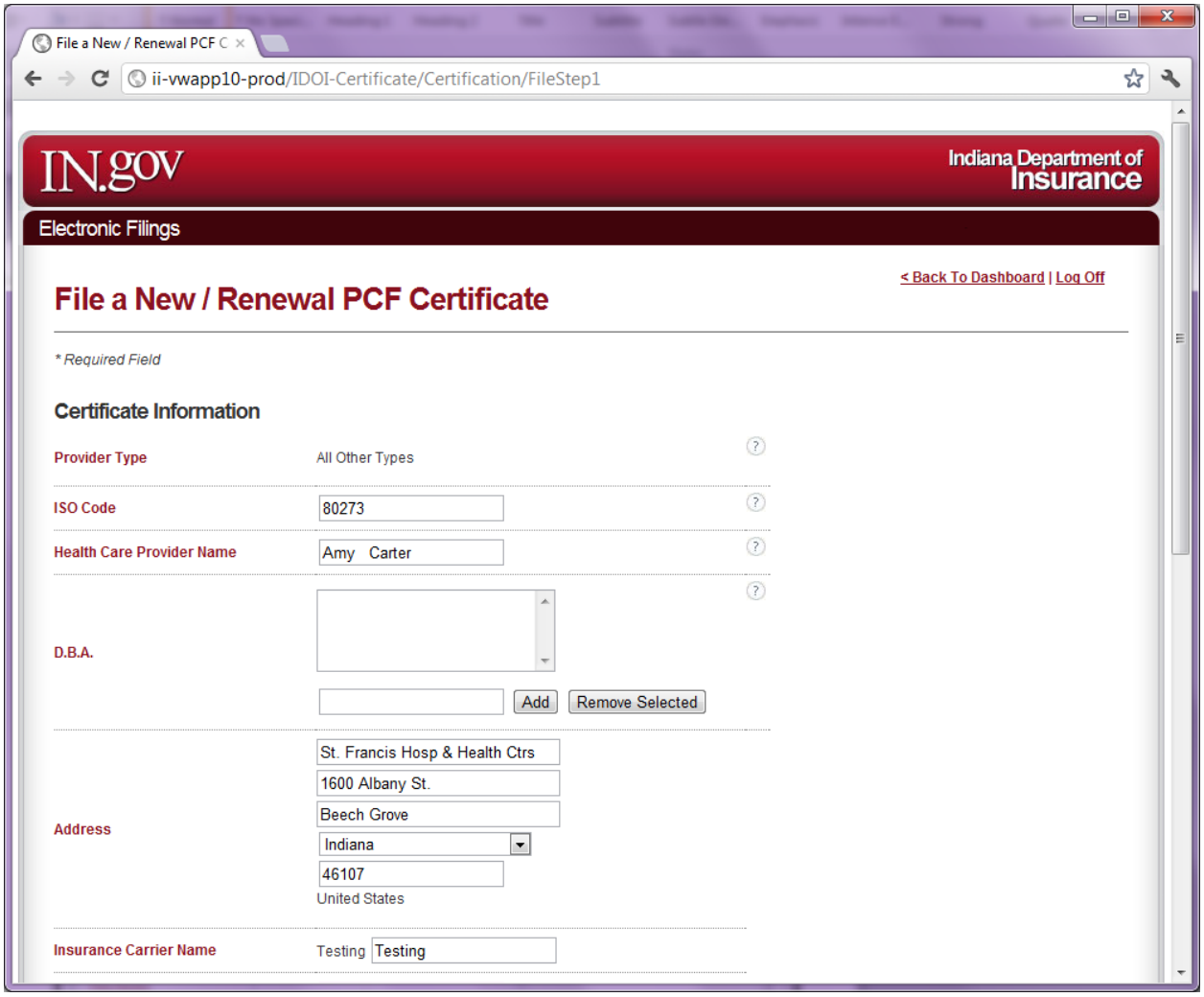
Please enter a valid Indiana Medical License # or EIN. Only numbers are allowed for the License #. EIN may contain a dash (-).

If this is a new provider enrollment with the PCF, please contact pcf-coi@idoi.IN.gov to have provider added to the PCF website database. Your request should be completed within 24 hours.

If you have previously amended the Medical License # or EIN, you should have notified IDOI to make this change in the PCF website database. If you have not already done so, please contact pcf-coi@idoi.IN.gov to request this change to the PCF website database, and then you may proceed with filing this certificate.

Click **Continue** to proceed with filing.

All Other Types (cont.)



All fields may be edited except for the NAIC Code and Insurance Carrier Name.

All fields are required except for the Date Surcharge Received From The Provider and D.B.A.'s. If adding a D.B.A. type in the name and either click **Add** or highlight the name and click **Remove Selected**.

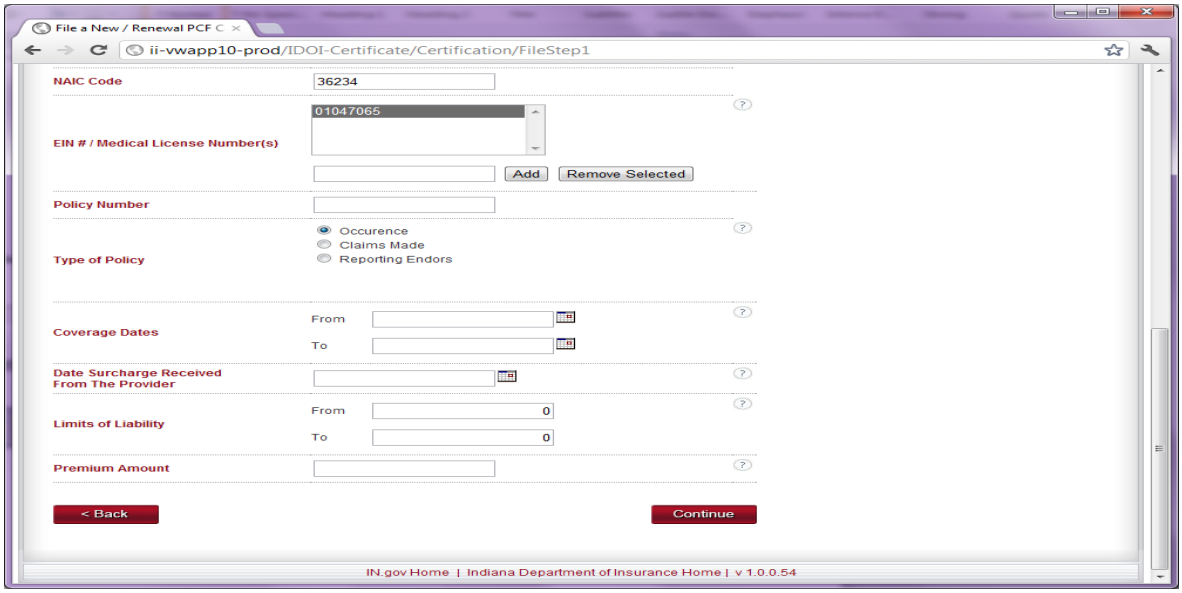
An ISO Code may only contain five numbers.

Health Care Provider Name should be the full legal name of provider. When editing an individual's name, please enter in the following format: John E. Doe (First/Middle/Last)

D.B.A. - You may enter as many D.B.A.'s as needed, but you must enter them one at a time, and then click Add. You may also remove a d.b.a. from the list by selecting the name of the d.b.a. and then click Remove Selected.

Click **Continue** to proceed with registration.

All Other Types (cont.)



EIN / Medical License Number may be edited on this page. **PLEASE BE AWARE** that modifying an EIN or License Number will not update the Agency website. Please contact pcf-coi@idoi.IN.gov to request this change be made to the Indiana Patient's Compensation Fund database.

Policy Number may contain numbers or letters. Type of Policy must be selected. When choosing a claims made or reporting endorsement, a retro date must be entered. **The retro date is the date of the first claims made policy with the Indiana Patient's Compensation Fund.** This date might be different from the underlying retro date. If the underlying policy is an occurrence policy, no other date is required.

Coverage dates – enter the policy effective dates. Dates may not exceed one year, except for reporting endorsements. If entering coverage dates less than a year, you will be asked to verify later if this is a Pro-Rated or Locum Tenen policy. Start coverage date may not exceed 180 days of the date certificate is submitted. **If the coverage dates are between 91 and 180 days late from the policy effective date, the certificate will require agency verification.** Information will be saved on the electronic filing system, but will not be processed until approved by the IDOI. Please submit an Appeal Letter and No Known Claims Loss Letter directly to pcf-coi@idoi.IN.gov for approval pursuant to I.C. 34-18-3-5. You may also use this email address if you have further questions regarding the appeal procedure. Once the filing is approved or denied, you will be notified whether to proceed with payment of surcharge and penalties.

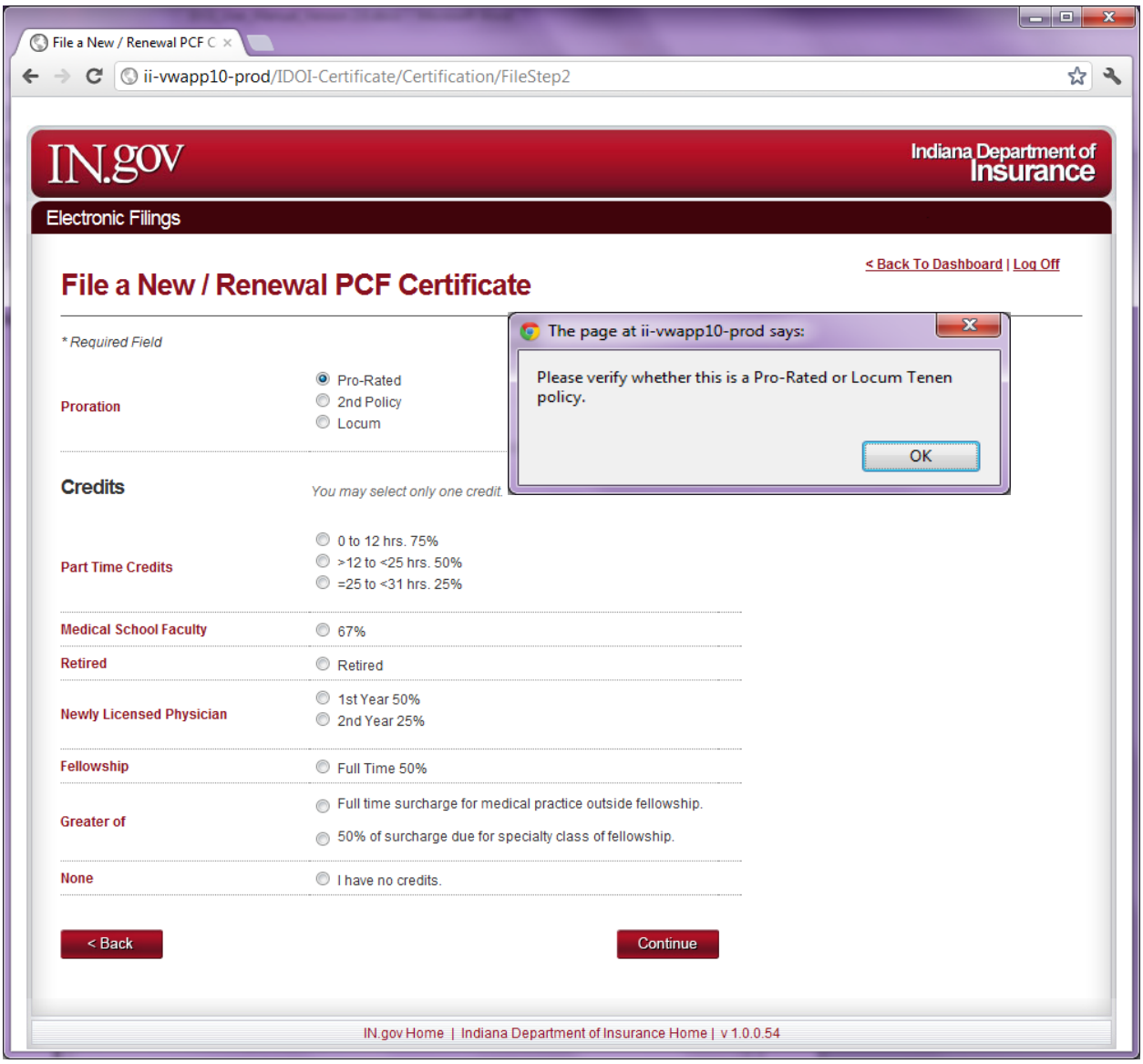
Date Surcharge Received From the Provider – this is an optional field. It is the date that surcharge was received by the carrier from the provider.

Minimum Occurrence Limits of Liability is $250,000. This field cannot have a lesser amount, but the minimum occurrence limit of liability may be a greater amount. It is the Department's position that if higher limits are maintained, those limits must be tendered first. Minimum Aggregate Limits of Liability is $750,000. Pursuant to IC 34-18-4-1, the minimum aggregate limit of liability may be higher depending on the type of provider, such as for a Nursing Home or Hospital. If the actual limits of liability are greater than the minimum requirements, then those limits must be entered.

Premium Amount field is not required for hospitals and nursing homes. All other provider types must have amount entered in this field, even if the carrier has not charged the provider a premium for the policy. In this case, you may enter 0.

Click **Continue** to proceed with filing.

All Other Types (cont.)

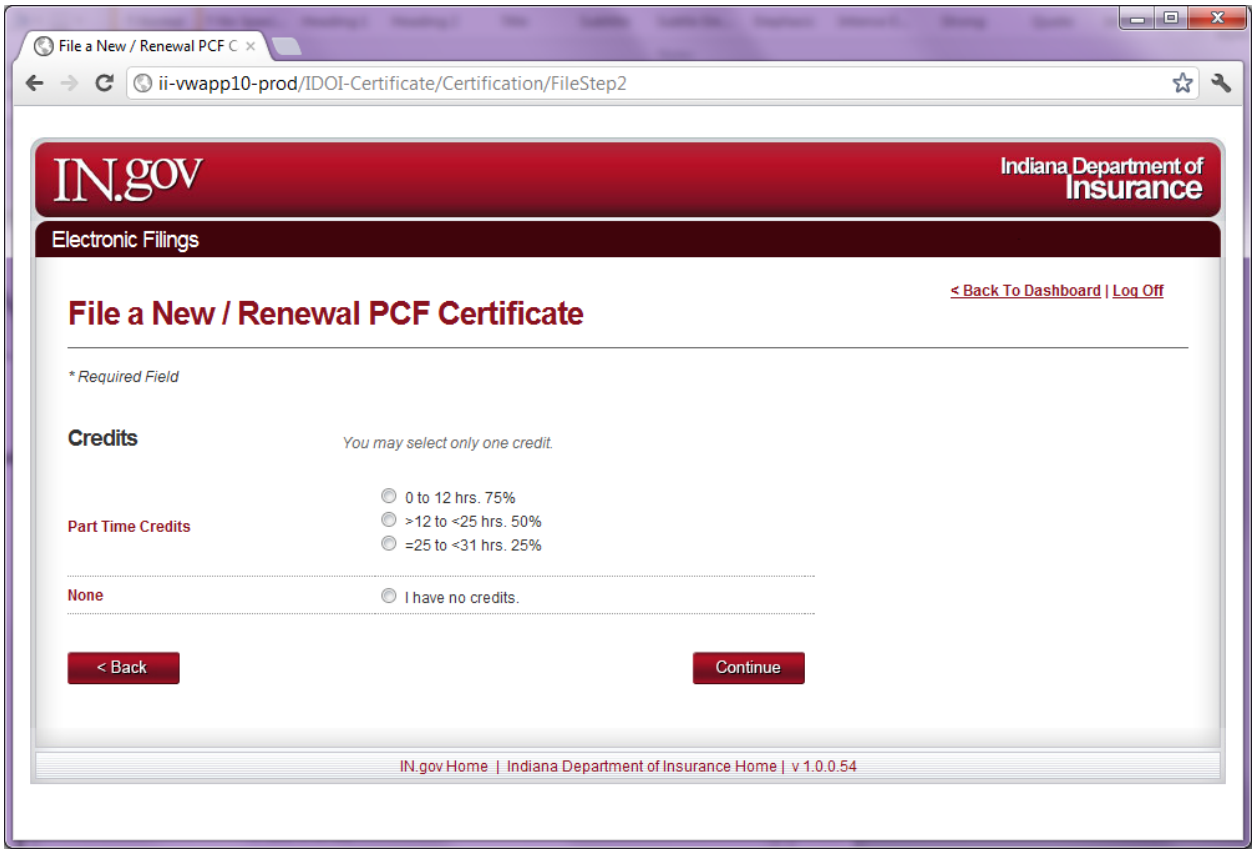


Credit selection is a required field. By default, the system selects **I have no credits**. Please verify that this is the correct selection before proceeding.

If you have previously entered pro-rated coverage dates, then you will be asked to verify if this is a **Pro-Rated or Locum Tenen policy**.

Click **Continue** to proceed with filing.

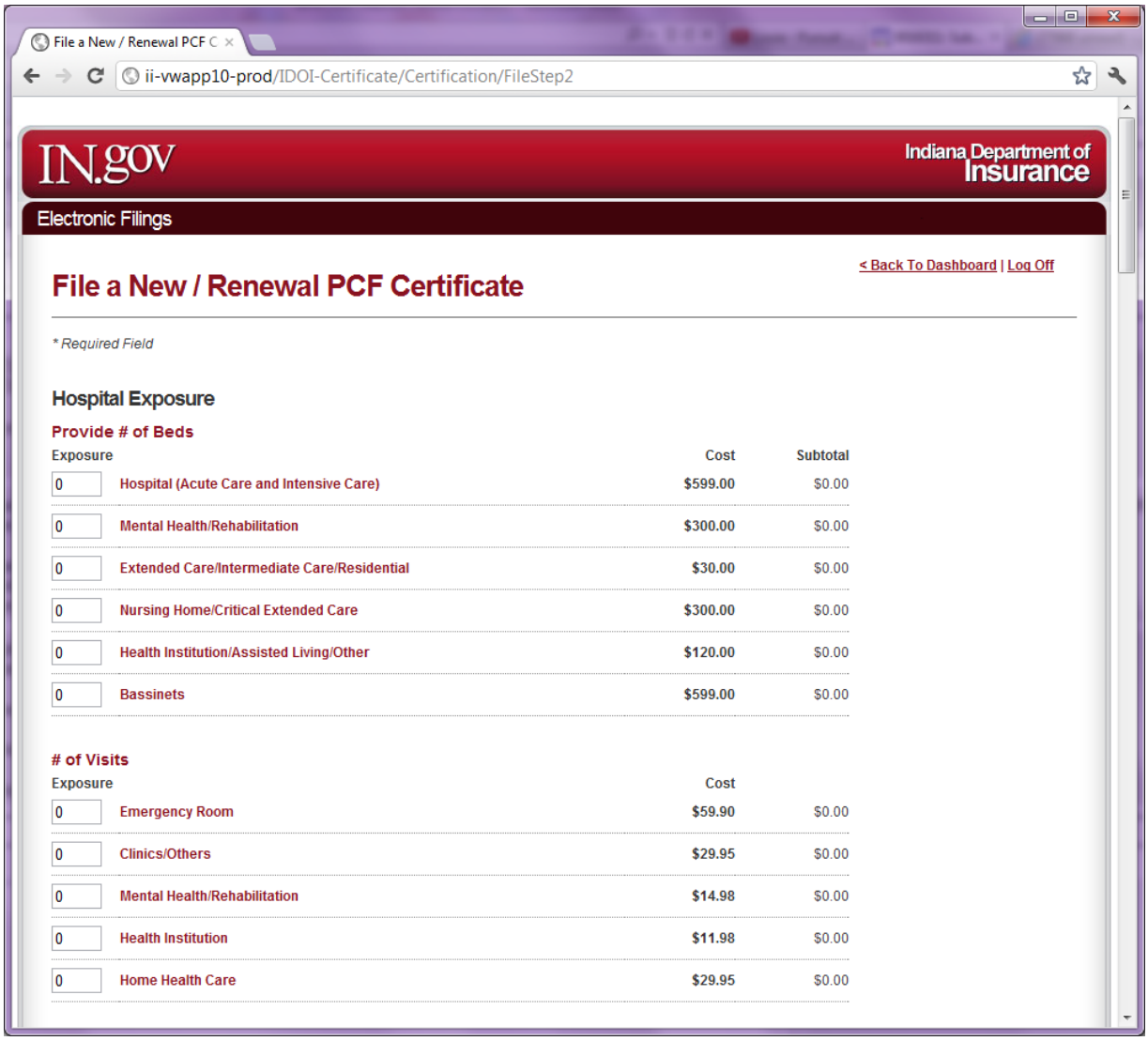
All Other Types (Independent Ancillary Providers)



Independent Ancillary Providers will only see the allowable part-time credits before proceeding. By default, the system selects **I have no credits**. Please verify that this is the correct selection before proceeding.

Click the **Continue** button to proceed with filing.

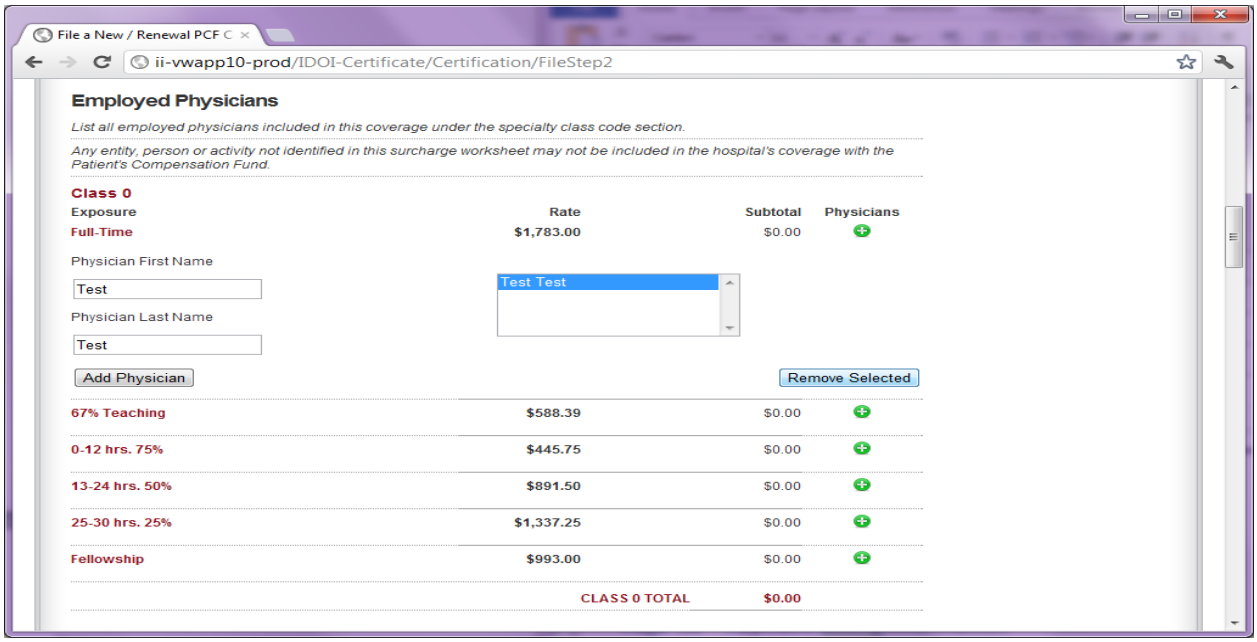
Hospital



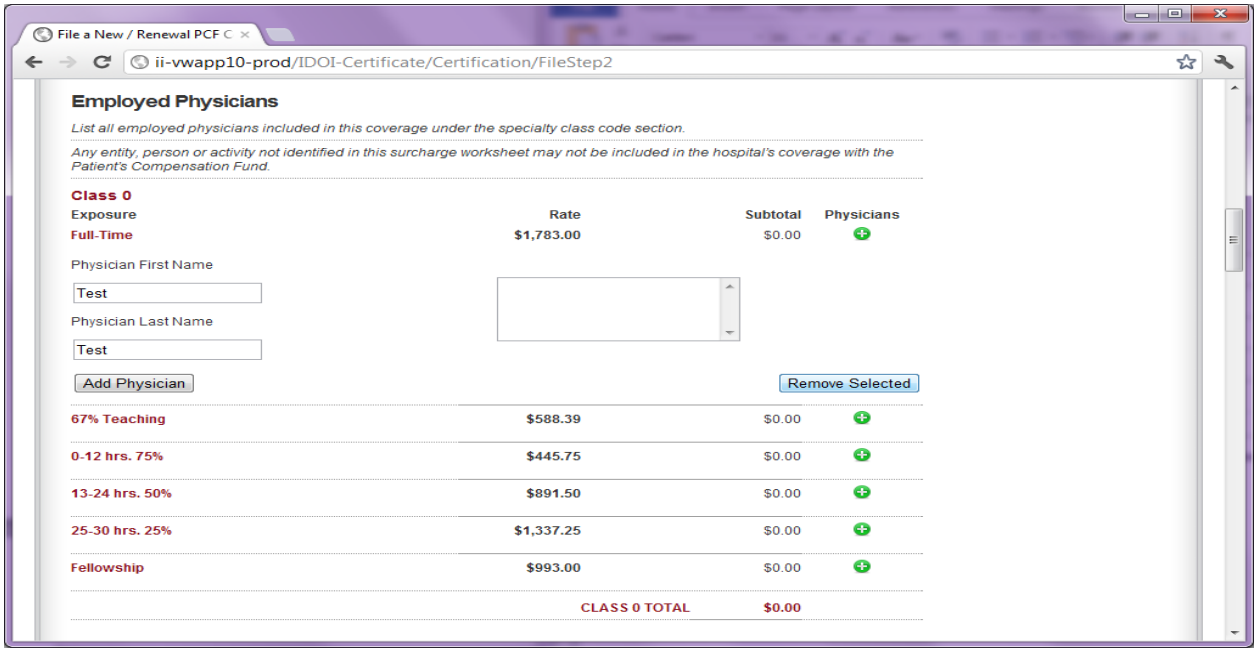
Any entity, person or activity not identified in this surcharge worksheet might not be included in the hospital's coverage with the Patient's Compensation Fund.

Please enter the number of registered beds, number of visits, and number of surgeries and births.

Hospital (cont.)

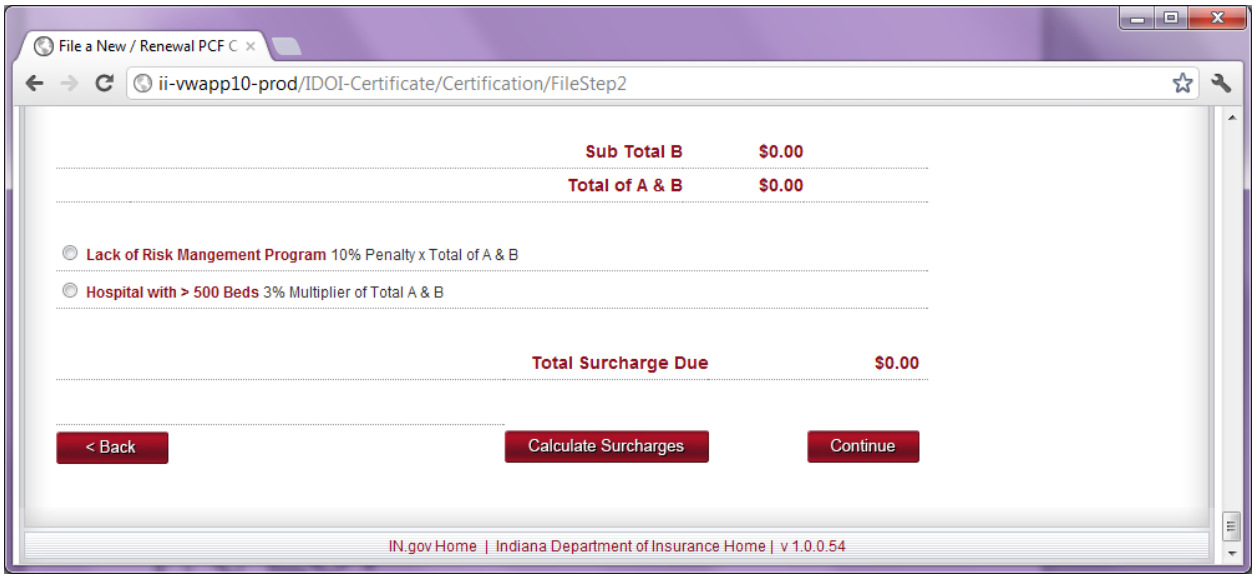


All employed physician names must be entered under the correct specialty class code. **Click the green plus (+) sign**, type in physician name, and then click **Add Physician**. Each physician must be added separately. The total number of physicians will be calculated automatically on the worksheet.



If you would like to remove a physician, click **Remove Physician**.

Hospital (cont.)

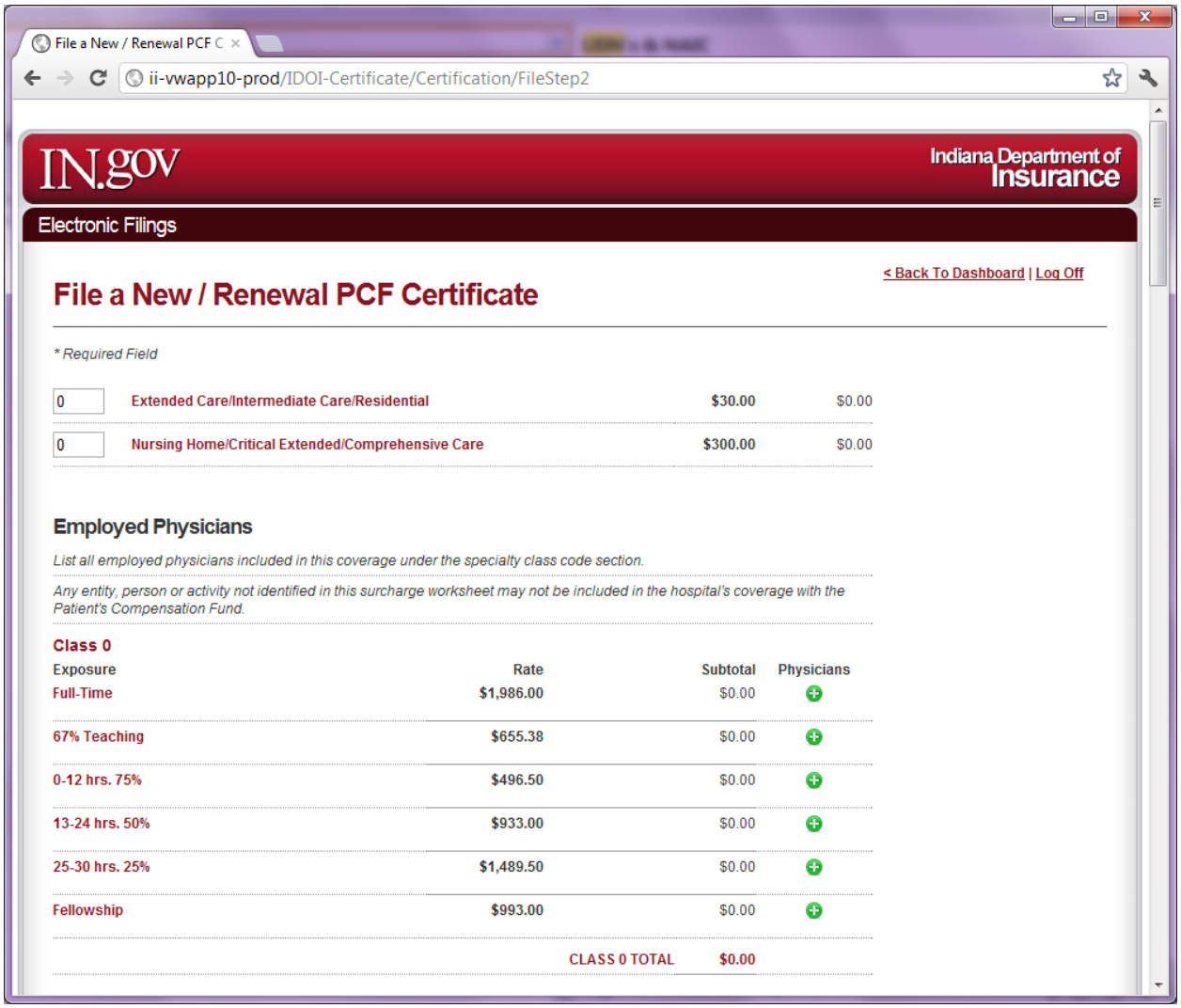


Please verify whether Lack of Risk Management Program or Hospital with >500 Beds option applies.

Click Calculate Surcharges, and Sub Totals will populate on the worksheet.

Click **Continue** to proceed with filing.

Nursing Home

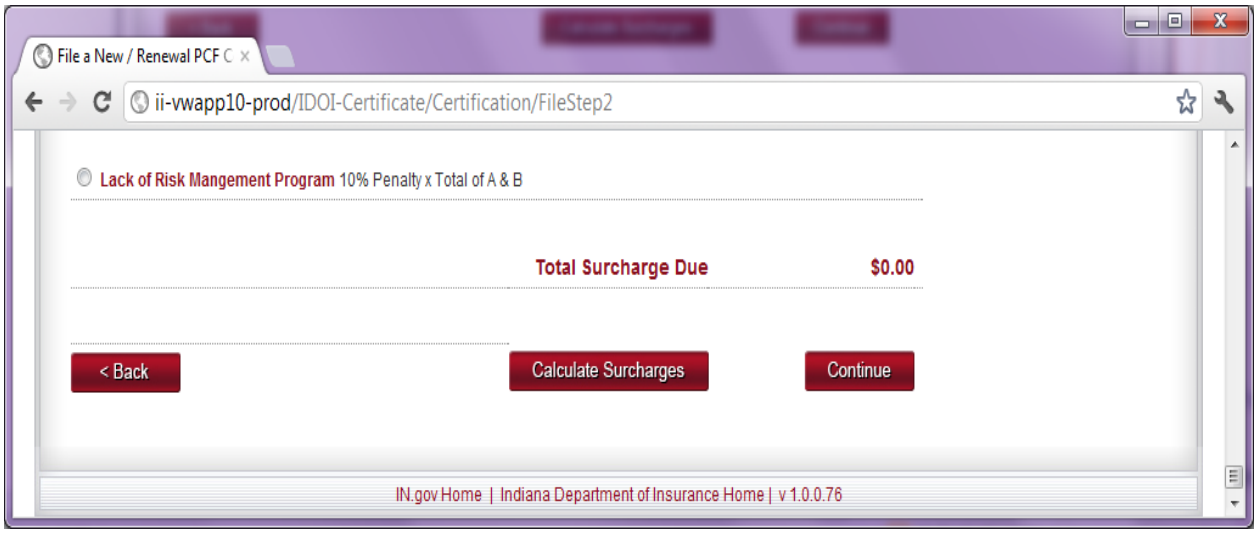


Any entity, person or activity not identified in this surcharge worksheet might not be included in the nursing home's coverage with the Patient's Compensation Fund.

Please enter the number of **Extended Care/Intermediate Care/Residential** and/or **Nursing Home/Critical Extended/Comprehensive Care**.

All employed physician names must be entered under the correct specialty class code. **Click the green plus (+) sign**, type in physician name, and then click **Add Physician**. Each physician must be added separately. The total number of physicians will be calculated automatically.

Nursing Home (cont.)

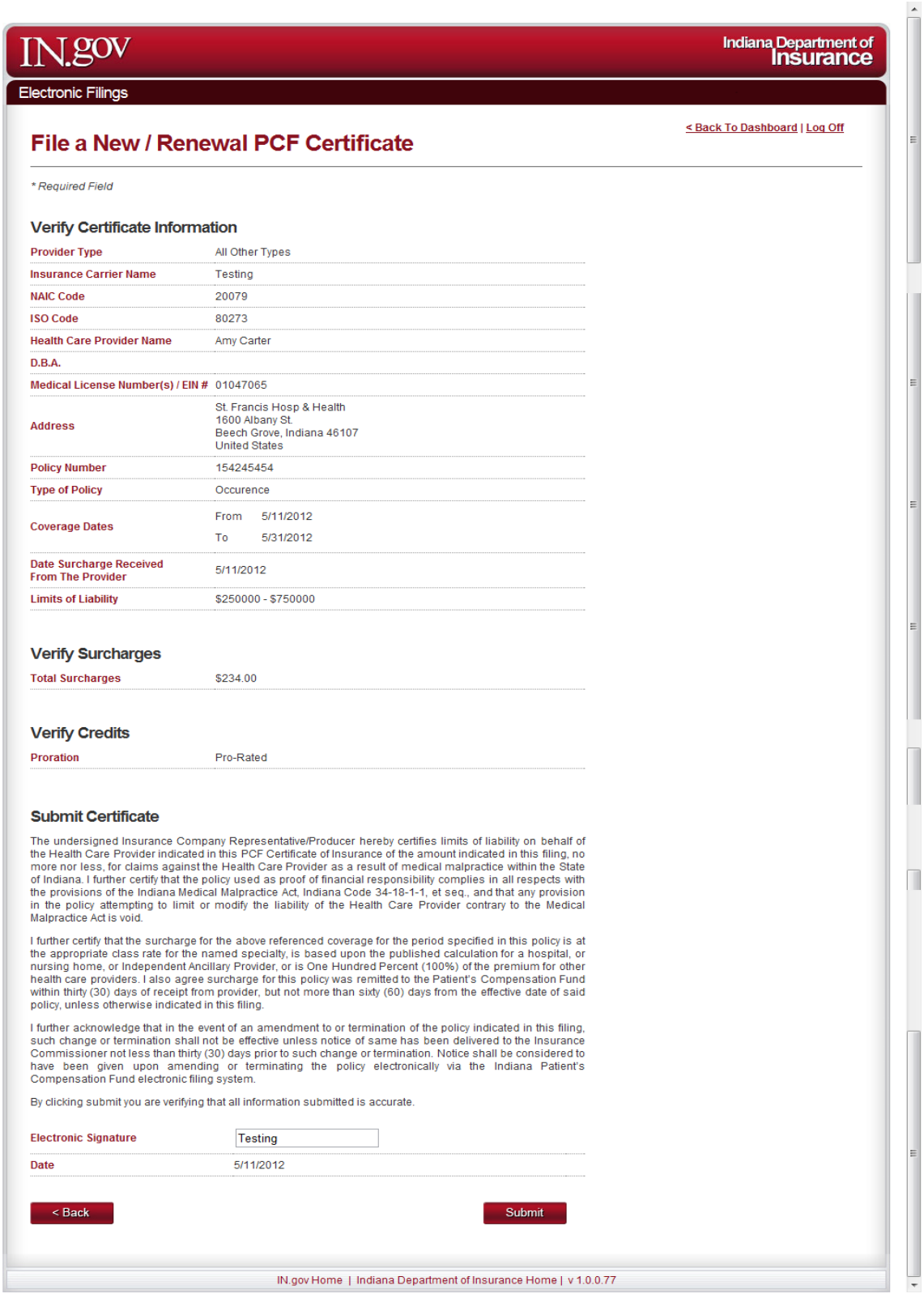


Please verify whether Lack of Risk Management Program option applies.

Click **Calculate Surcharges**, and Sub Totals will populate.

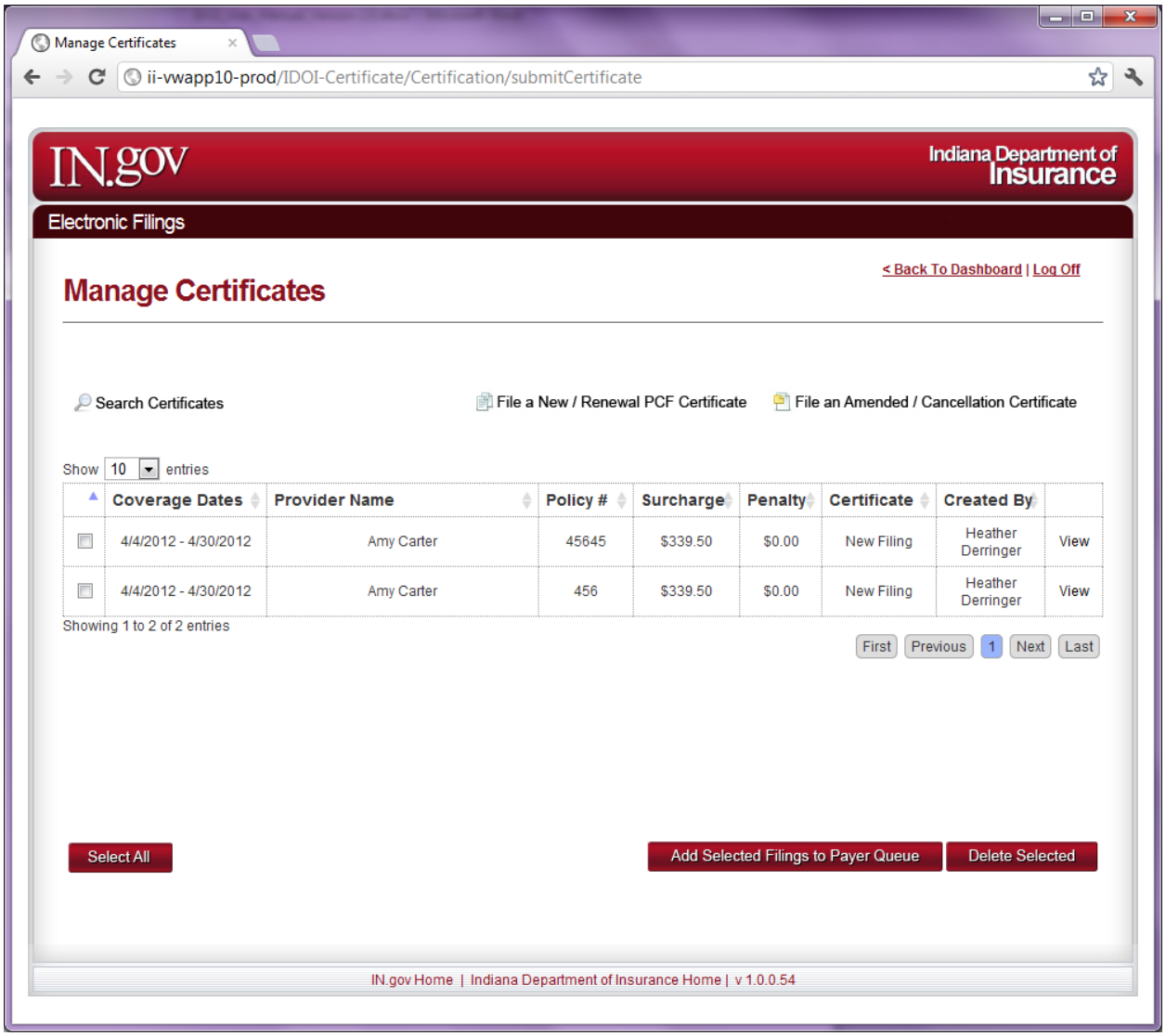
Click **Continue** to proceed with filing.

Verify Information (all provider types)



Please verify that all information is accurate and then click **Submit**. If there are any errors, please click the **Back** button.

Manage Certificates - Add Selected Filings to Payer Queue



After you have submitted certificates, they will appear in this list. You may sort by any of the header fields by clicking once.

You may select an individual certificate to view, or select ones to add to the payer queue, or delete any certificate.

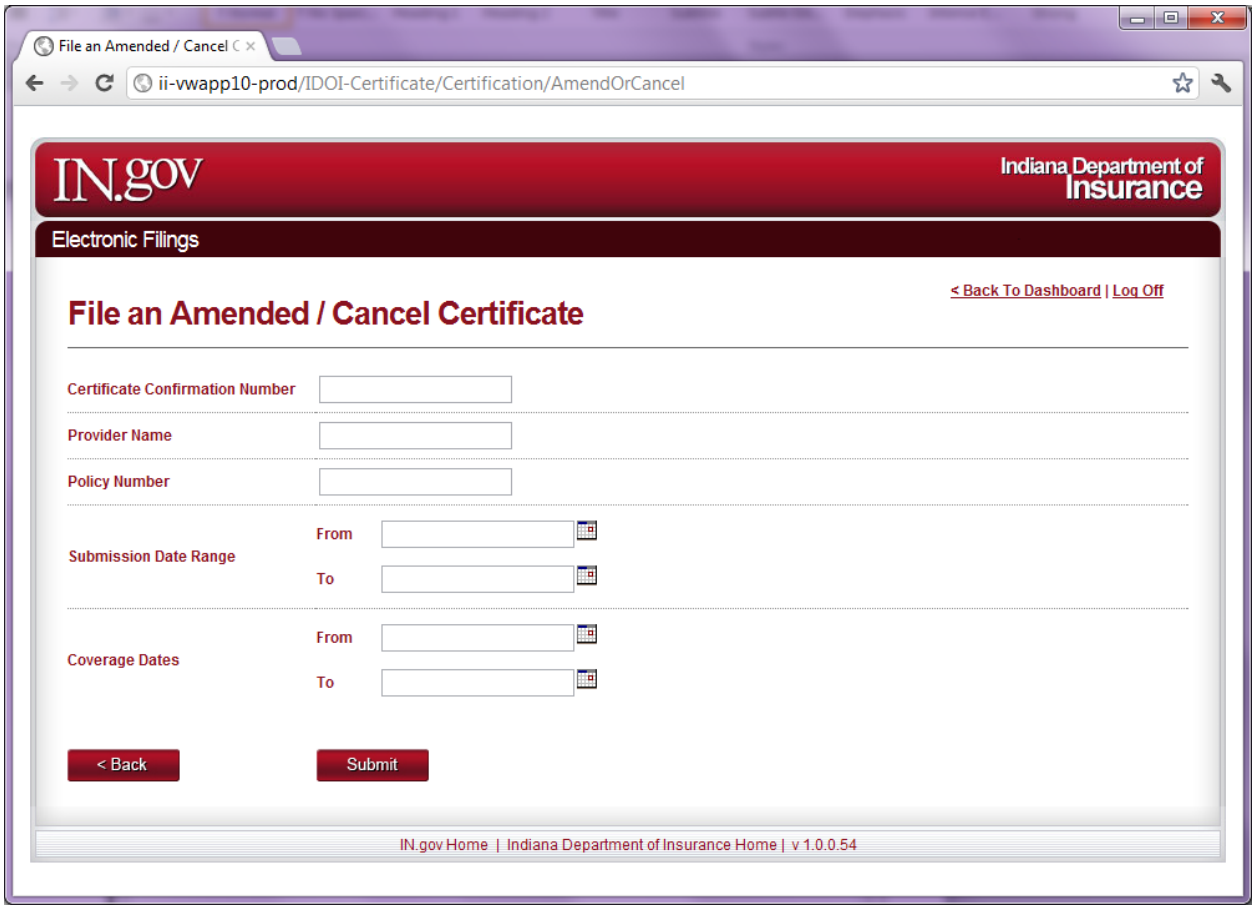
To add to the payer queue, select the certificate(s) and click the **Add Selected Filings to Payer Queue** button.

To delete the certificate, select the certificates(s) and click the **Delete Selected** button.

WARNING: Deleted certificates cannot be retrieved and must be re-entered.

File an Amended / Cancellation Certificate

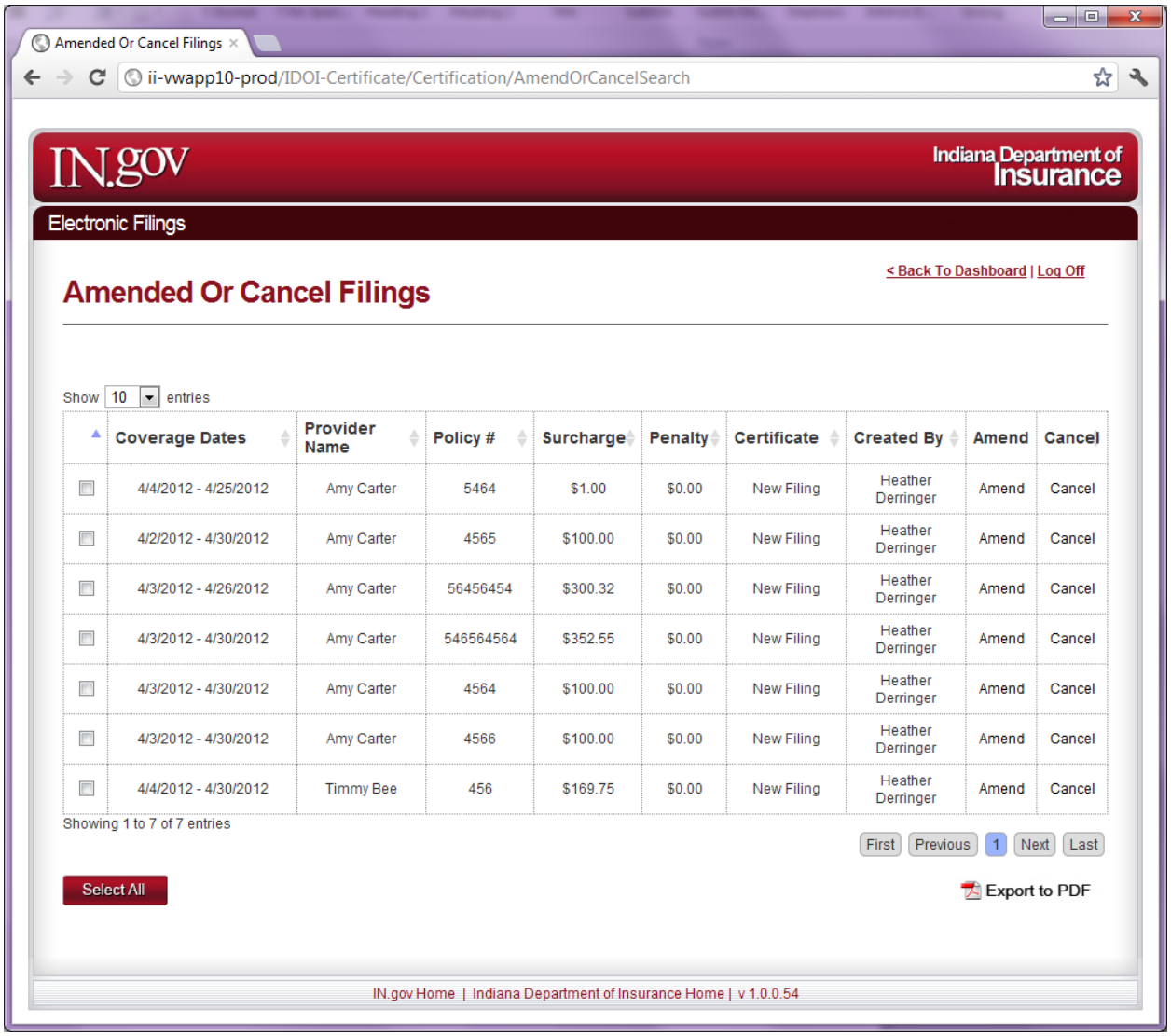
Search for Certificate



You may search for a previously submitted certificate by entering information into any of the search fields. Your search can be narrowed by entering as much known information as possible. The Certificate Confirmation Number was provided via email when the certificate was previously submitted.

Click **Submit** to proceed.

File an Amended Certificate

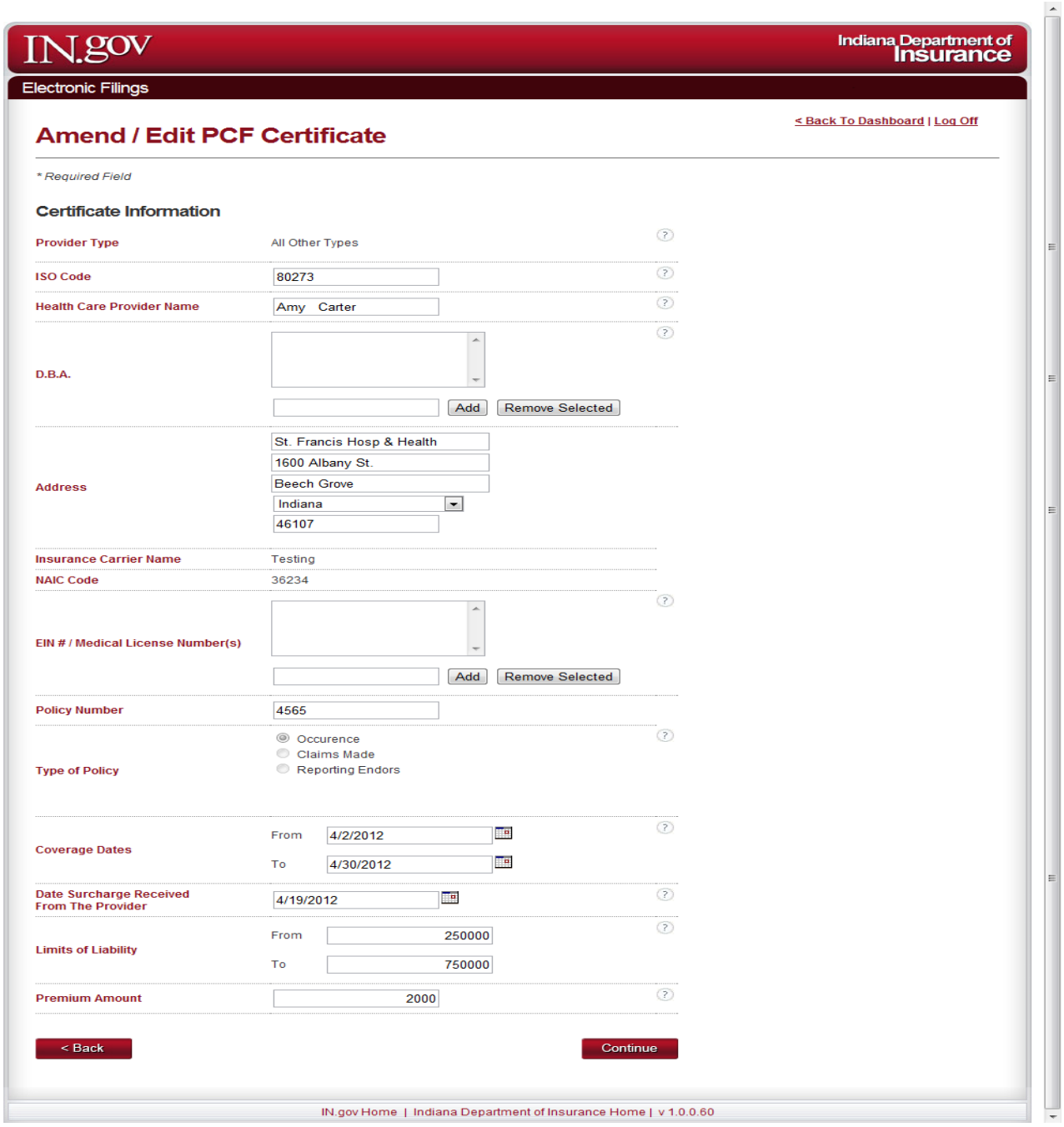


Previously submitted certificates will appear in a list. By clicking the box next to the certificate, you may amend or cancel by clicking on Amend or Cancel.

You may also export an individual certificate or select all to export all certificates to a .PDF list.

If you would like to go back to the Dashboard, click **Return to Dashboard.**

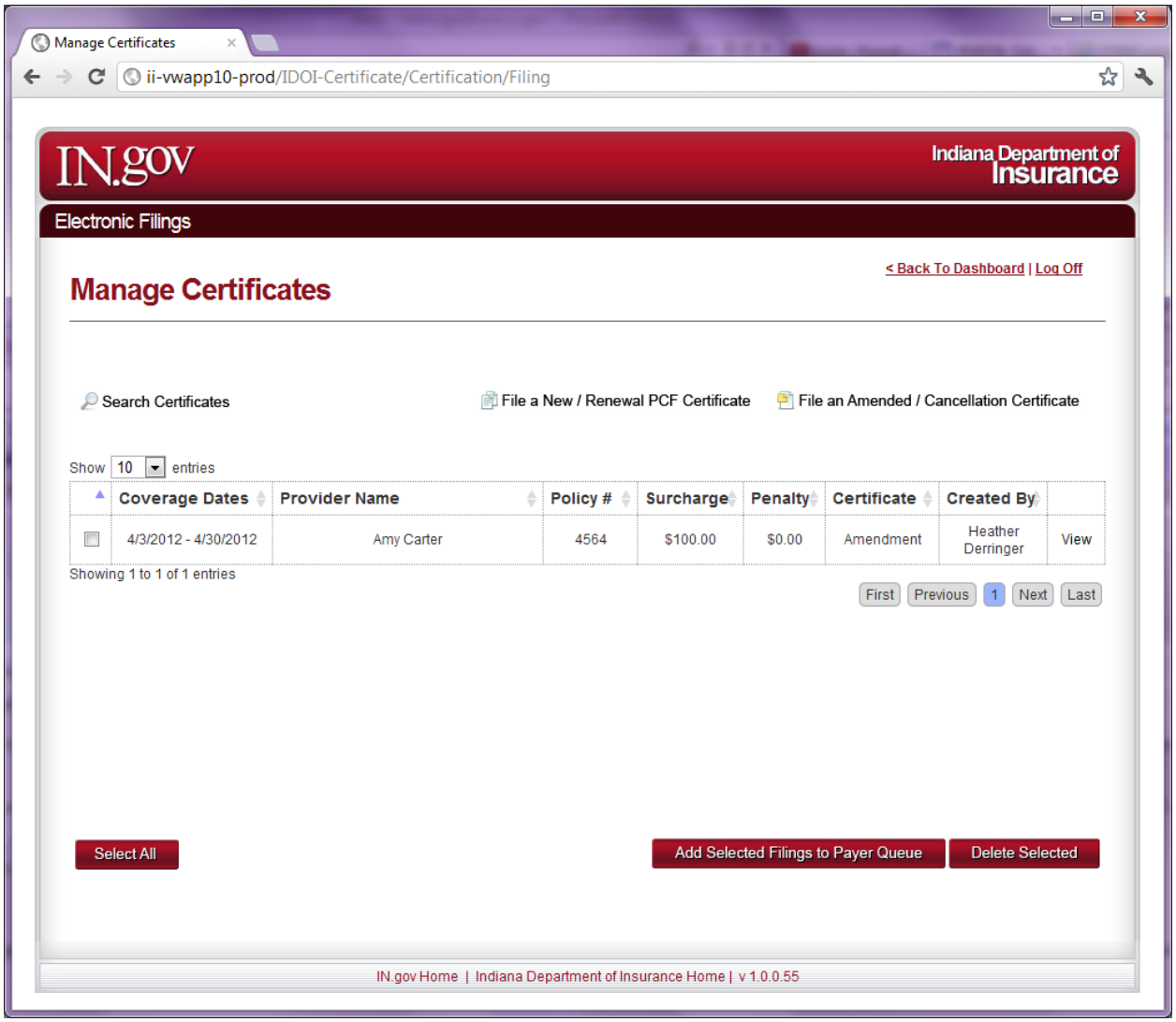
File an Amended Certificate (cont.)



At the top of this page is the information that was originally submitted for this provider. You now have the option to edit the fields at the bottom of the page. The fields have auto-populated with the original information for your review and confirmation. Please enter new information carefully.

Click **Continue** to proceed with filing.

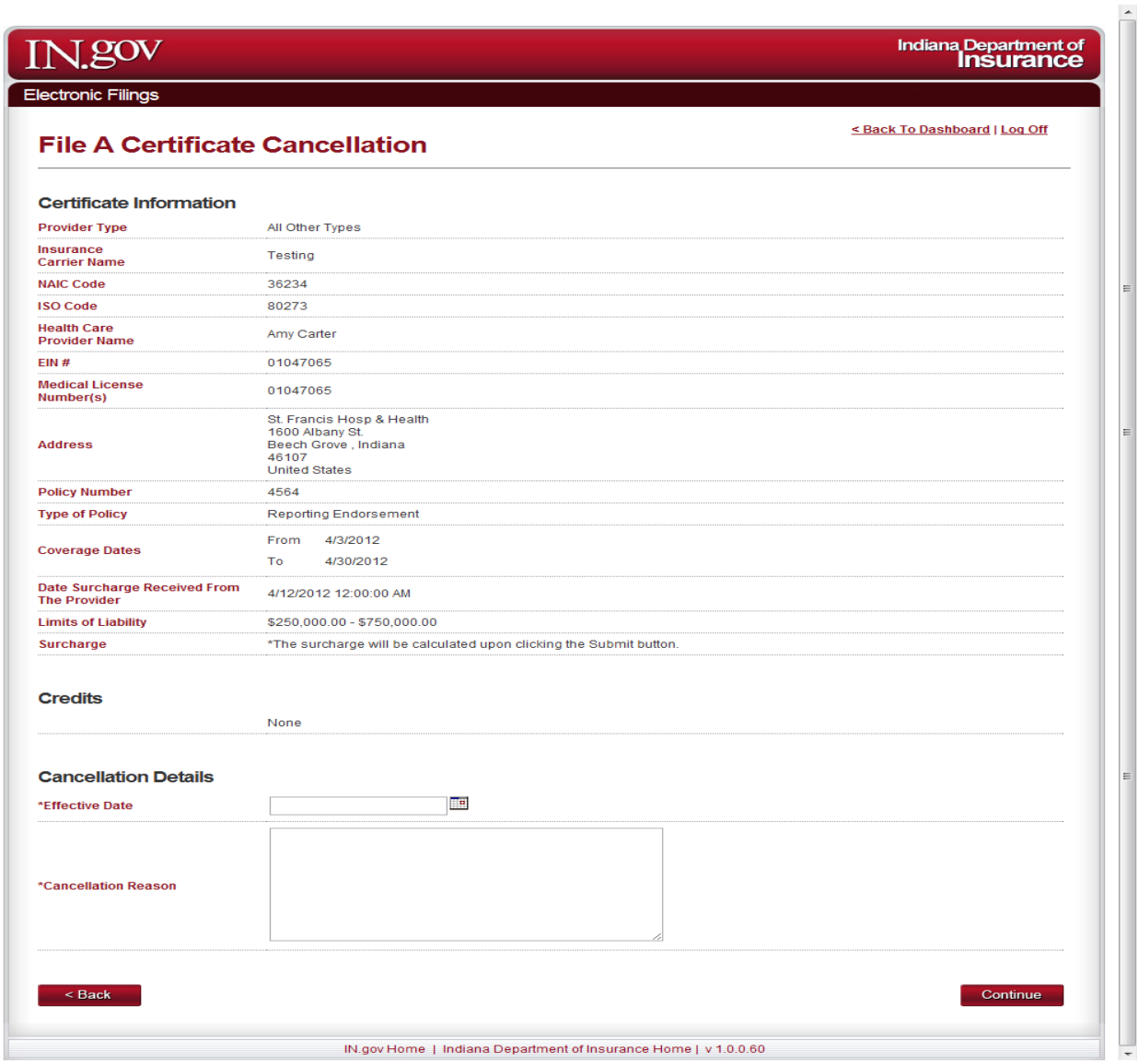
File an Amended Certificate (cont.)



The certificate that has been amended will now show a status of Amendment. You may continue to search for and amend or cancel more certificates, or you may proceed to **Add Selected Filings to Payer Queue.**

When finished, click **Back to Dashboard.**

File a Cancellation Certificate

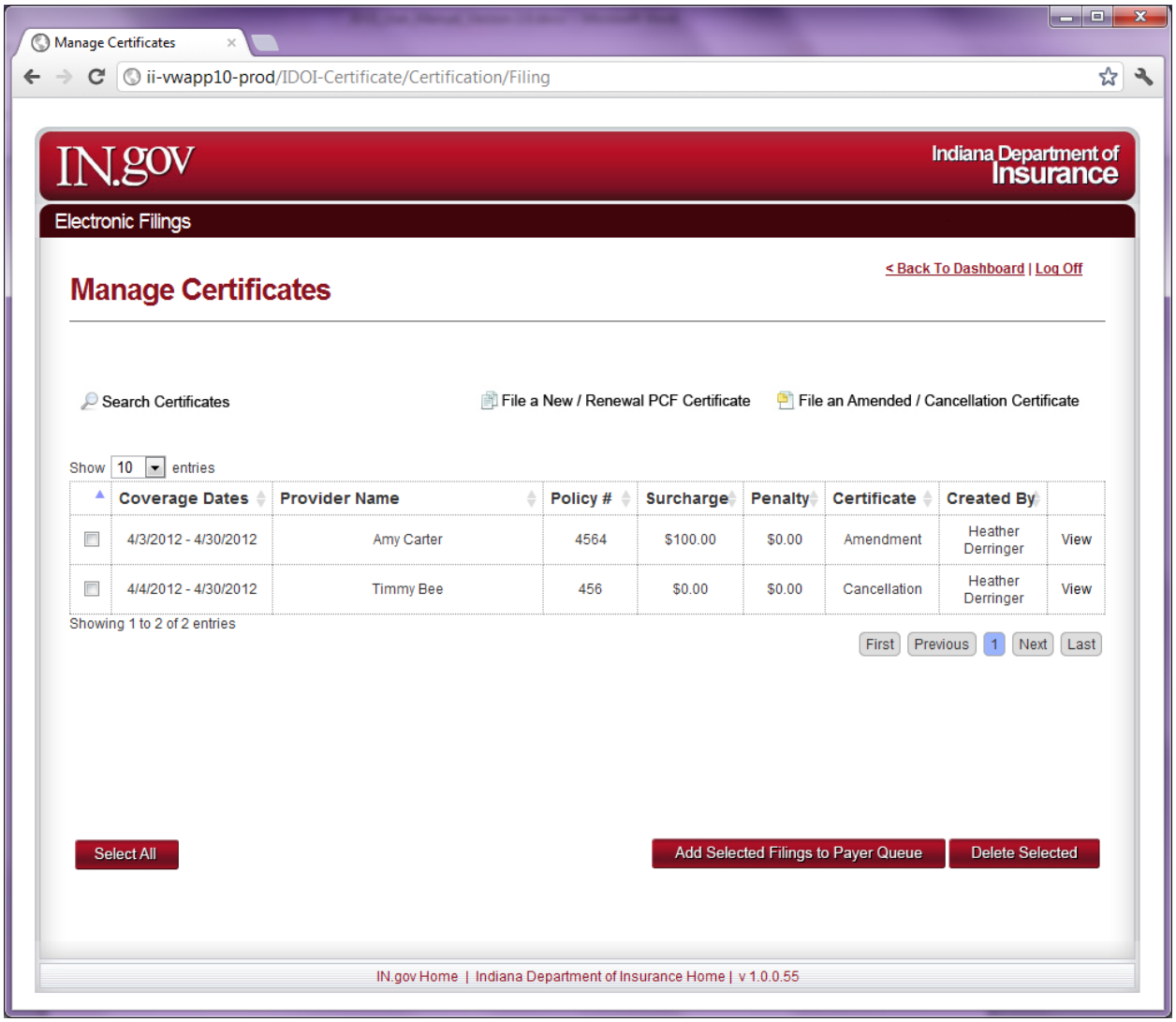


At the top of this page is the information that was originally submitted for this provider. You now have the option to edit the fields at the bottom of the page.

The Effective Date is the date of the cancellation has become or will become effective. **PLEASE NOTE:** Termination or change shall not be effective unless notice of same has been delivered via the electronic filing system to the Department of Insurance, State of Indiana, **not less than thirty (30) days prior to such change**. Please enter new information carefully. A Cancellation Reason must also be given.

Click **Continue** to proceed with filing.

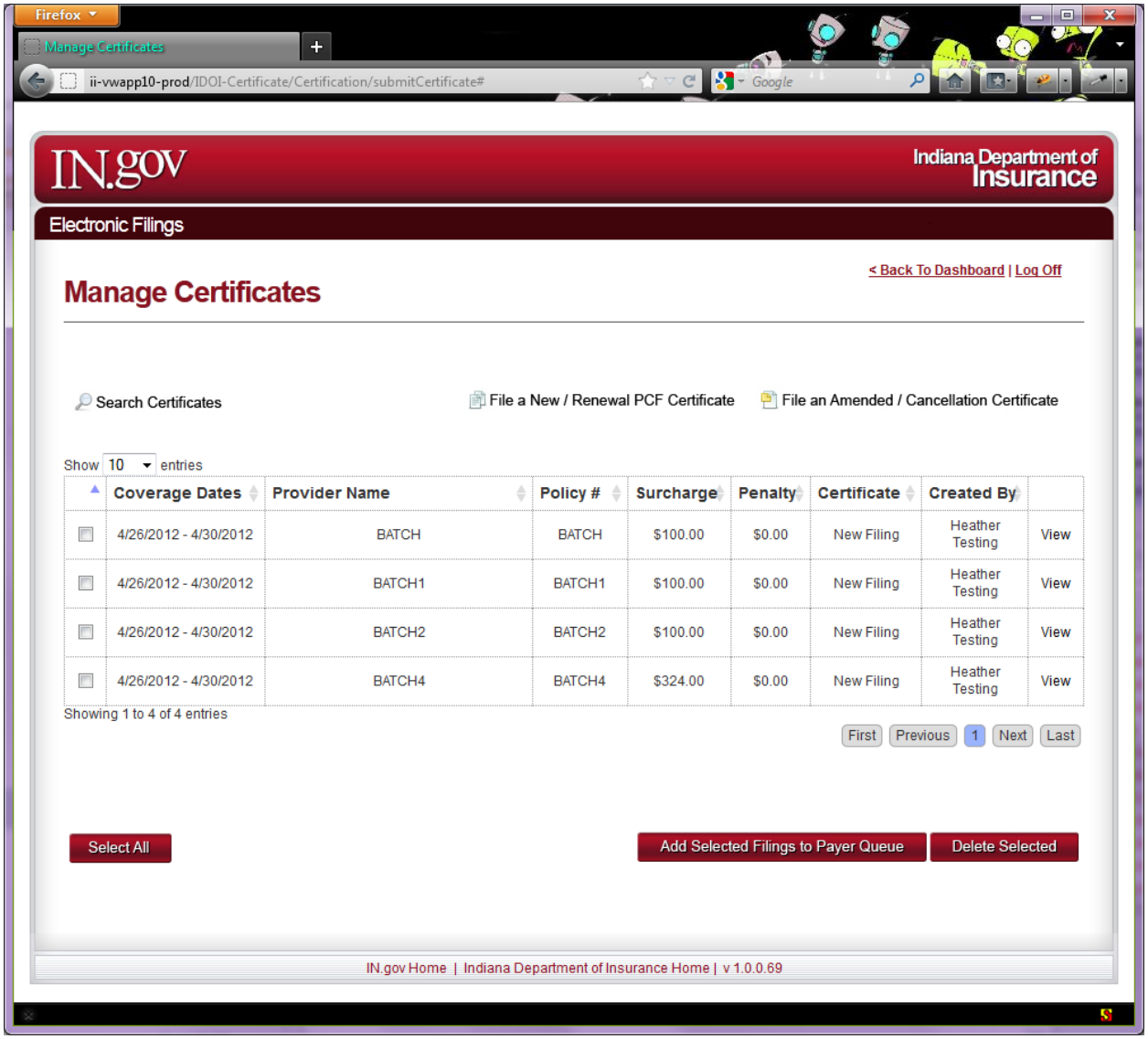
File a Cancellation Certificate (cont.)



The certificate that has been cancelled will now show a status of Cancellation. You may continue to search for and amend or cancel more certificates, or you may proceed to **Add Selected Filings to Payer Queue.**

When finished, click **Back to Dashboard.**

Manage Certificates - Add Selected Filings to Payer Queue



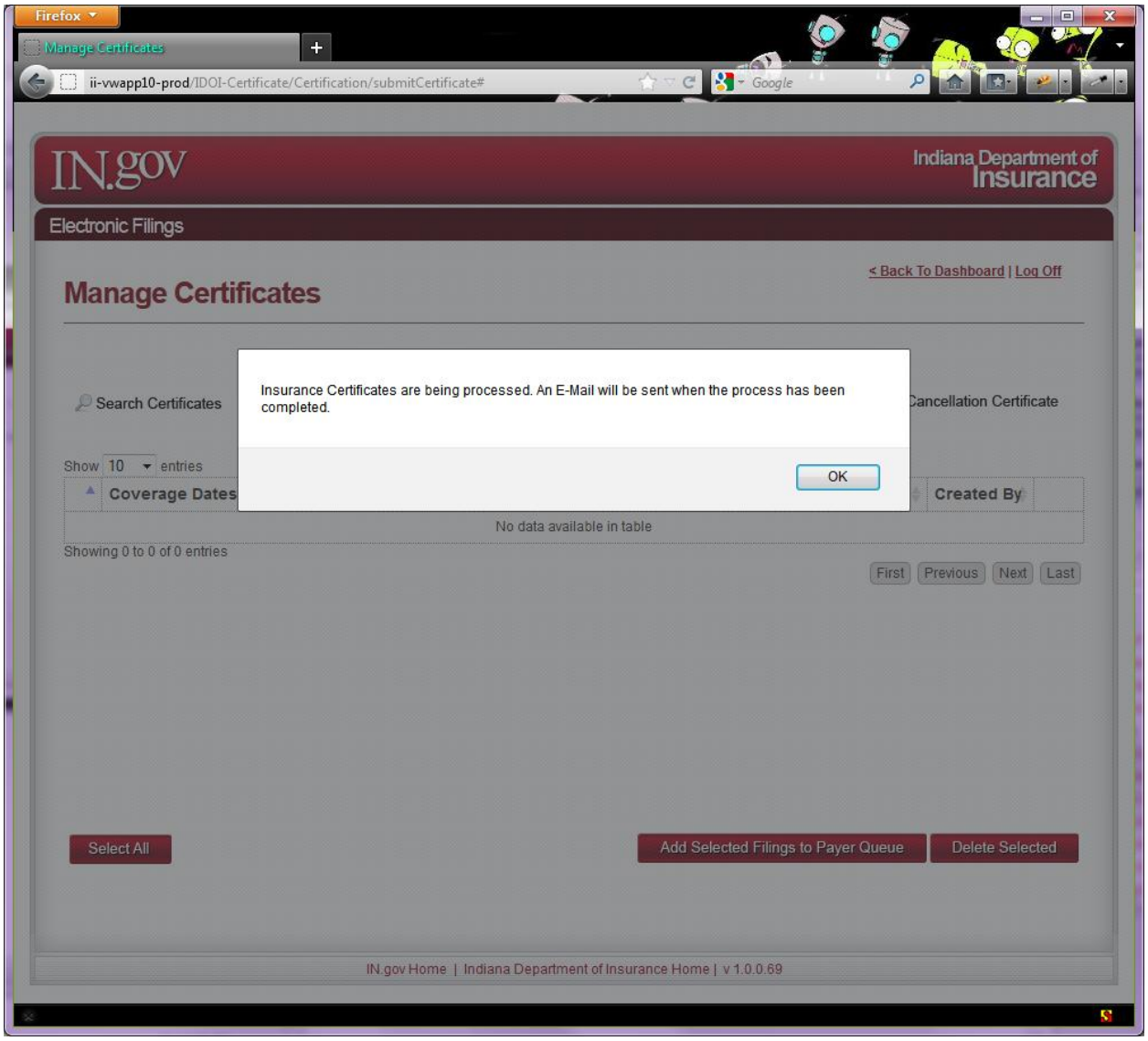
After you have submitted an amended or cancellation certificate, it will appear in this list. You may select an individual certificate to view by clicking the check box next to the provider name or Select All to add to payer queue, or delete.

You may sort by any of the header fields by clicking once.

To proceed, click **Add Selected Filings to Payer Queue** or **Delete Selected.**

Click **Return to Dashboard** to make payment(s).

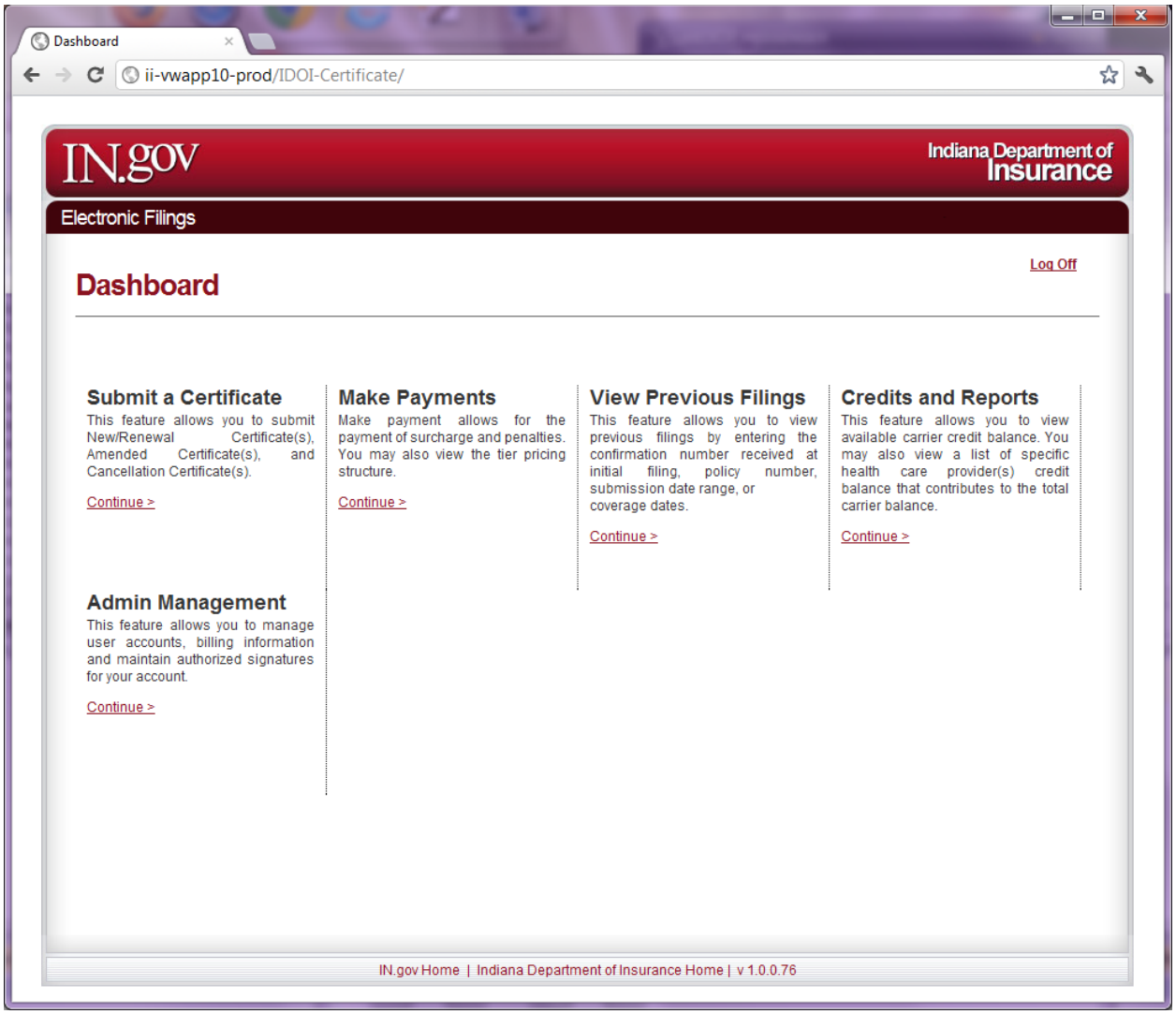
Manage Certificates - Add Selected Filings to Payer Queue (cont.)



You will see this prompt notifying you that your certificates are being processed and that an email will be sent once the payment process can be completed.

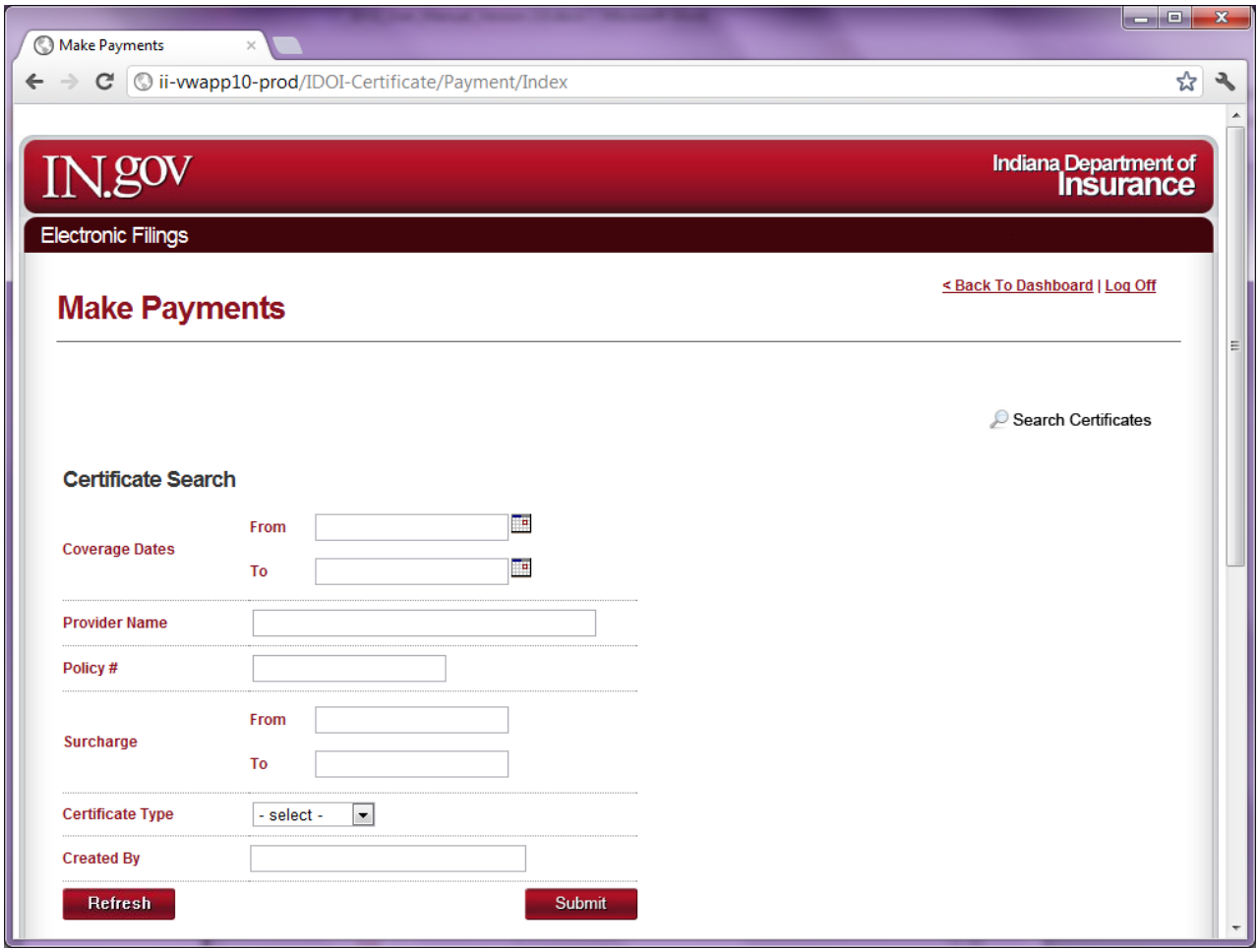
Click **Back to Dashboard** to proceed.

Make Payments



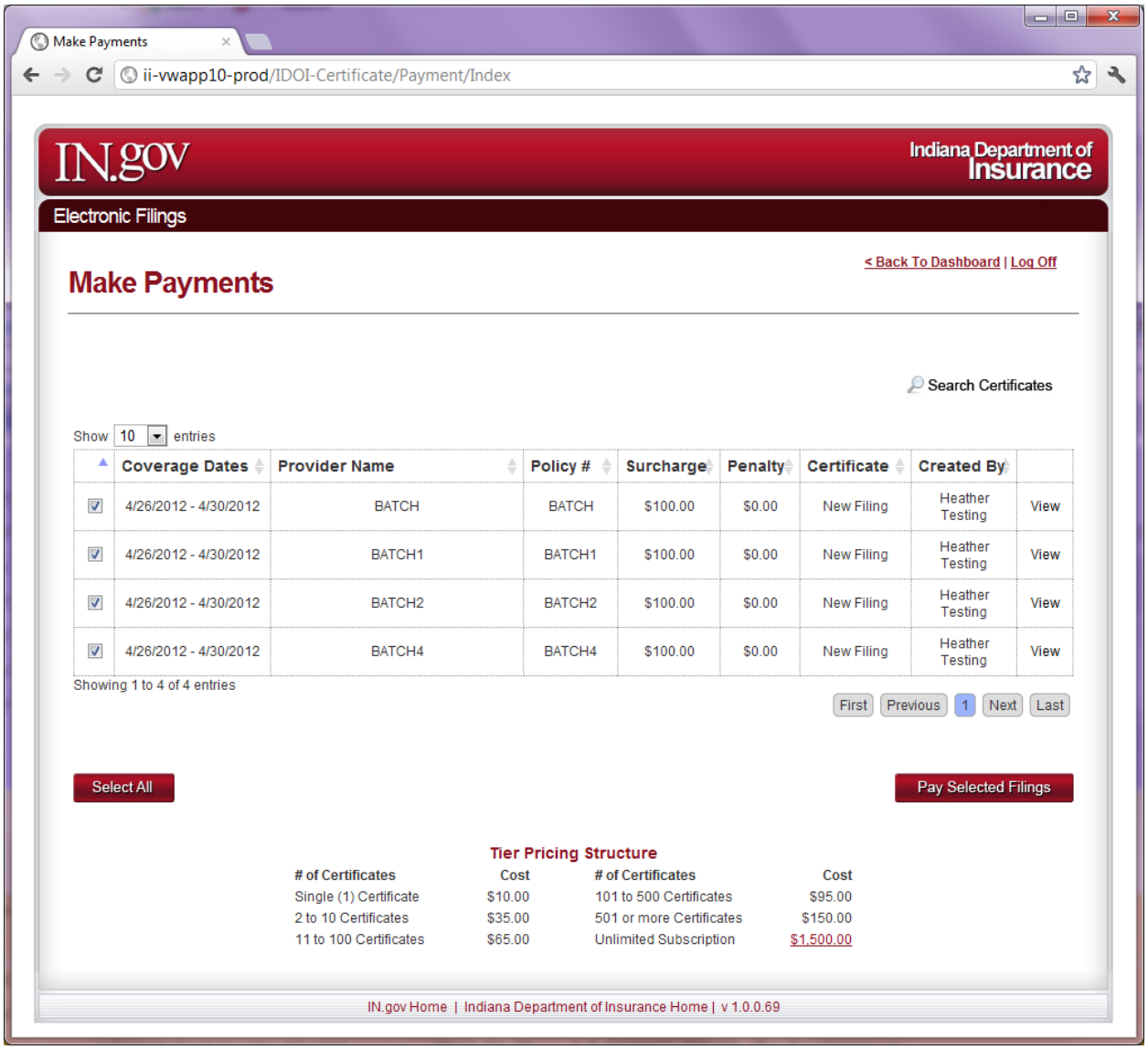
Click **Continue** under Make Payment option on the Dashboard to make payment for selected filings.

Search Certificates



You may search for a certificate by entering information into the search fields. Your search will be narrowed by entering as much information into as many search fields as you can.
Click the **Submit** button to proceed.

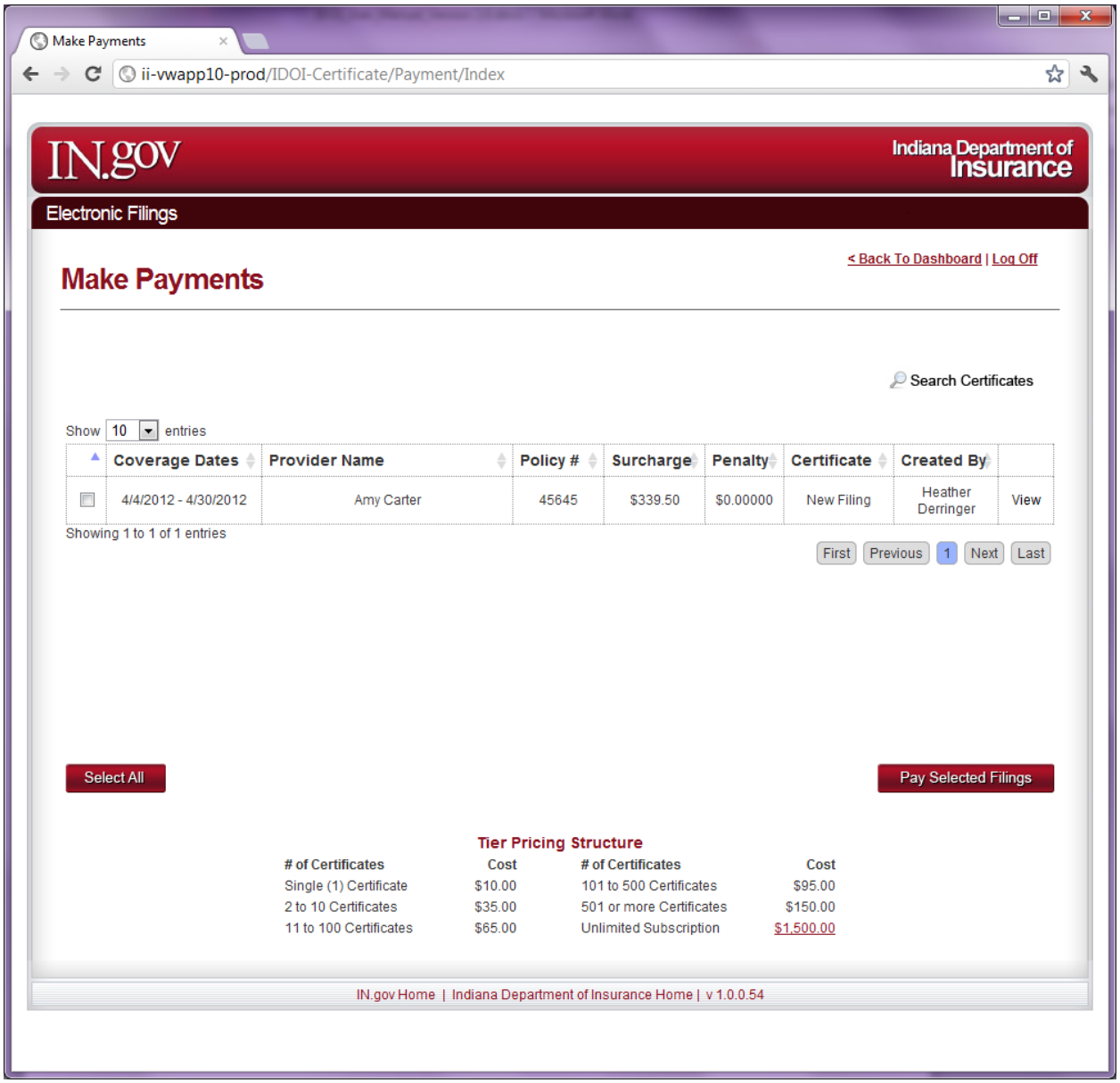
Search Certificates (cont.)



The certificate(s) defined in your search will be displayed here. You may select an individual certificate to view by clicking the check box next to the provider name or Select All to make your payment. You may also sort by any of the header fields by clicking on the header name.

To proceed, click **Pay Selected Filings.** A "Please Wait" icon will appear.

Pay Selected Filings – Checkout Process

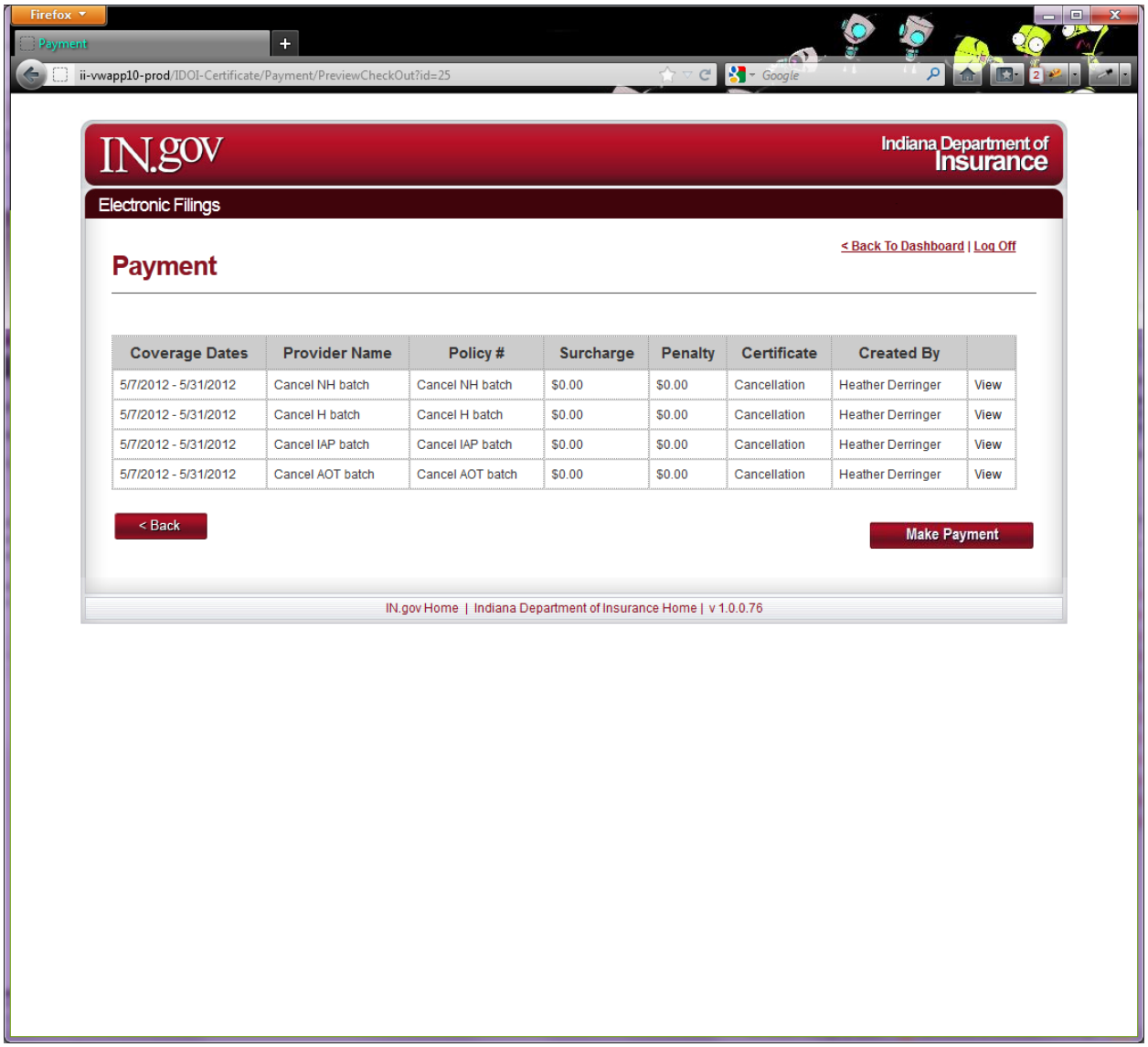


You may choose to select individual certificates or click on Select All to proceed with payment. Click the check boxes and then click **Pay Selected Filings**.

You may view any available credit balance on the Dashboard under Credits and Reports **prior to** beginning the checkout process.

The Tier Pricing Structure appears at the bottom of the screen. This fee will automatically be inserted according to the number of certificates that are being submitted in one payment. If you have enrolled for the Unlimited Subscription option, there will be no additional fee attached to this filing, other than the surcharge amount(s).

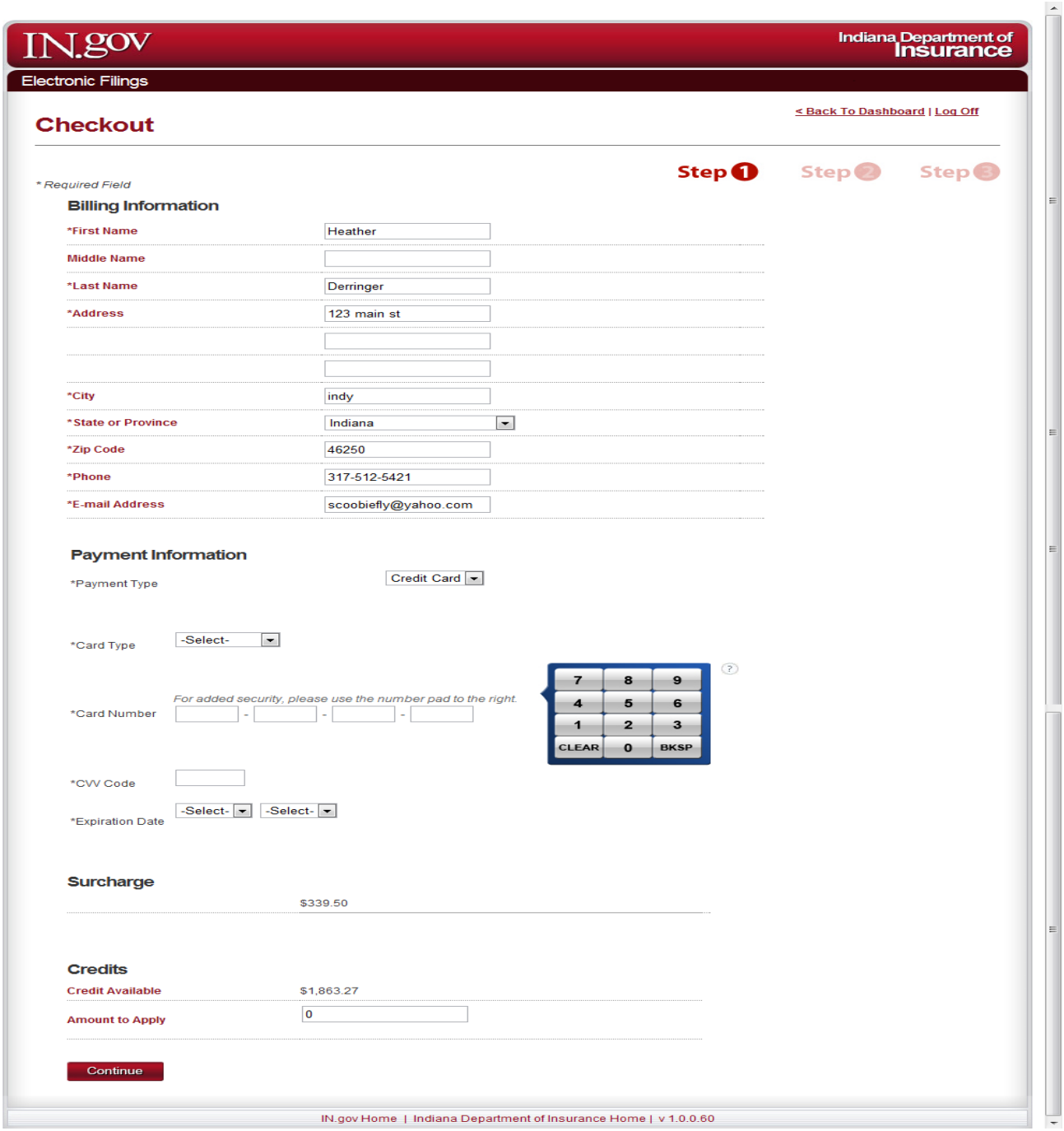
Pay Selected Filings – Checkout Process (cont.)



WARNING: Once you begin this payment process, you must complete it. If not, the certificate(s) will disappear from the list and will need to be re-created as the system does not save information once the payment process has begun. Certificates will not appear in the View Previous panel until they have gone through the complete payment process.

Click **Make Payment** after you have selected certificate(s) and verified the certificate(s) are the ones you want to submit for payment.

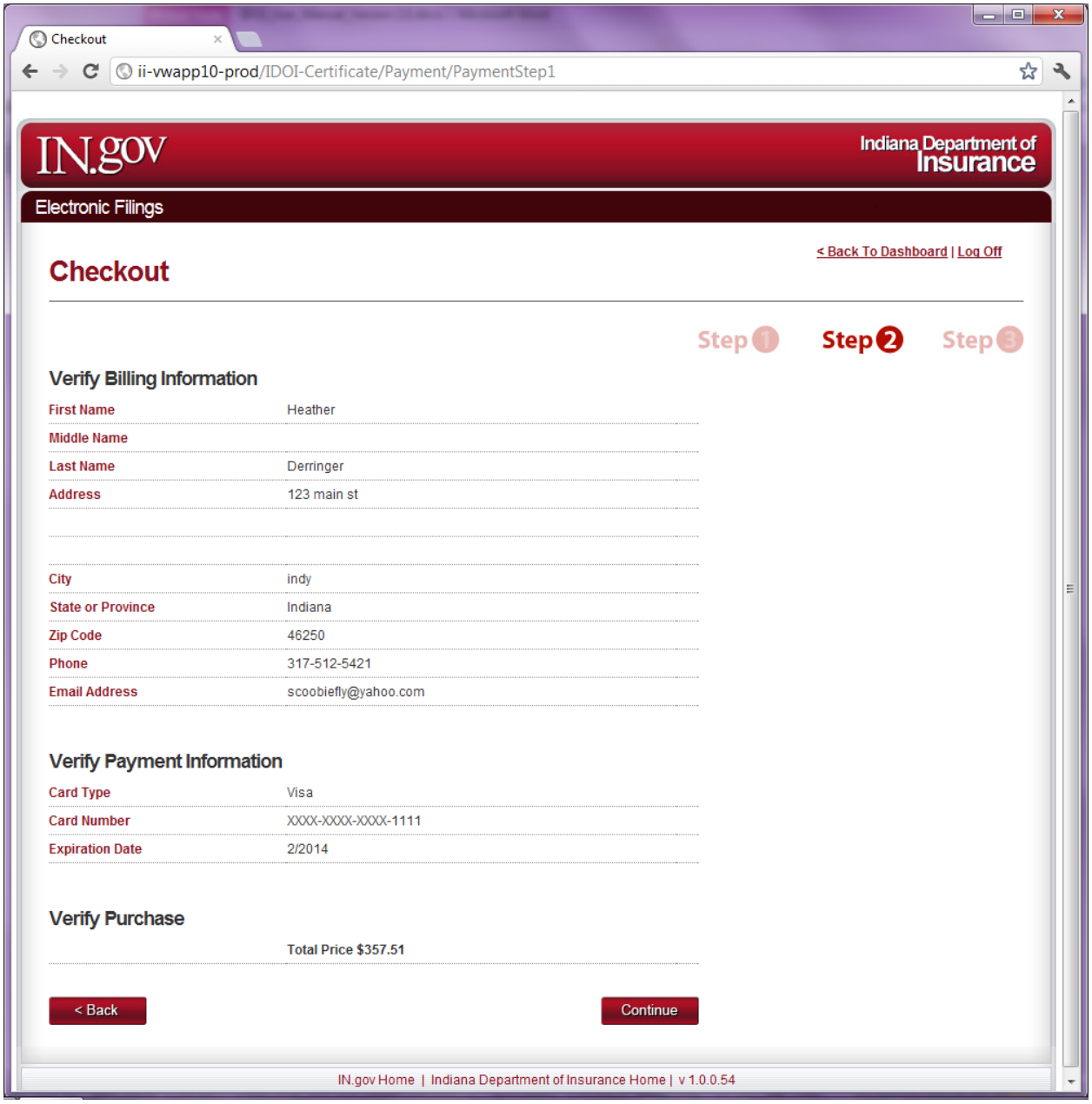
Pay Selected Filings – Checkout Process – Payment via Credit Card (cont.)



Please select the type of payment you are making; current payment methods will only accept Mastercard, Visa or Echeck. For added security, enter account information by using the number pad to the right. If you have current available credit, it will appear on this page. You may choose to use all or a portion of the credit balance by entering the amount in the Amount to Apply field.

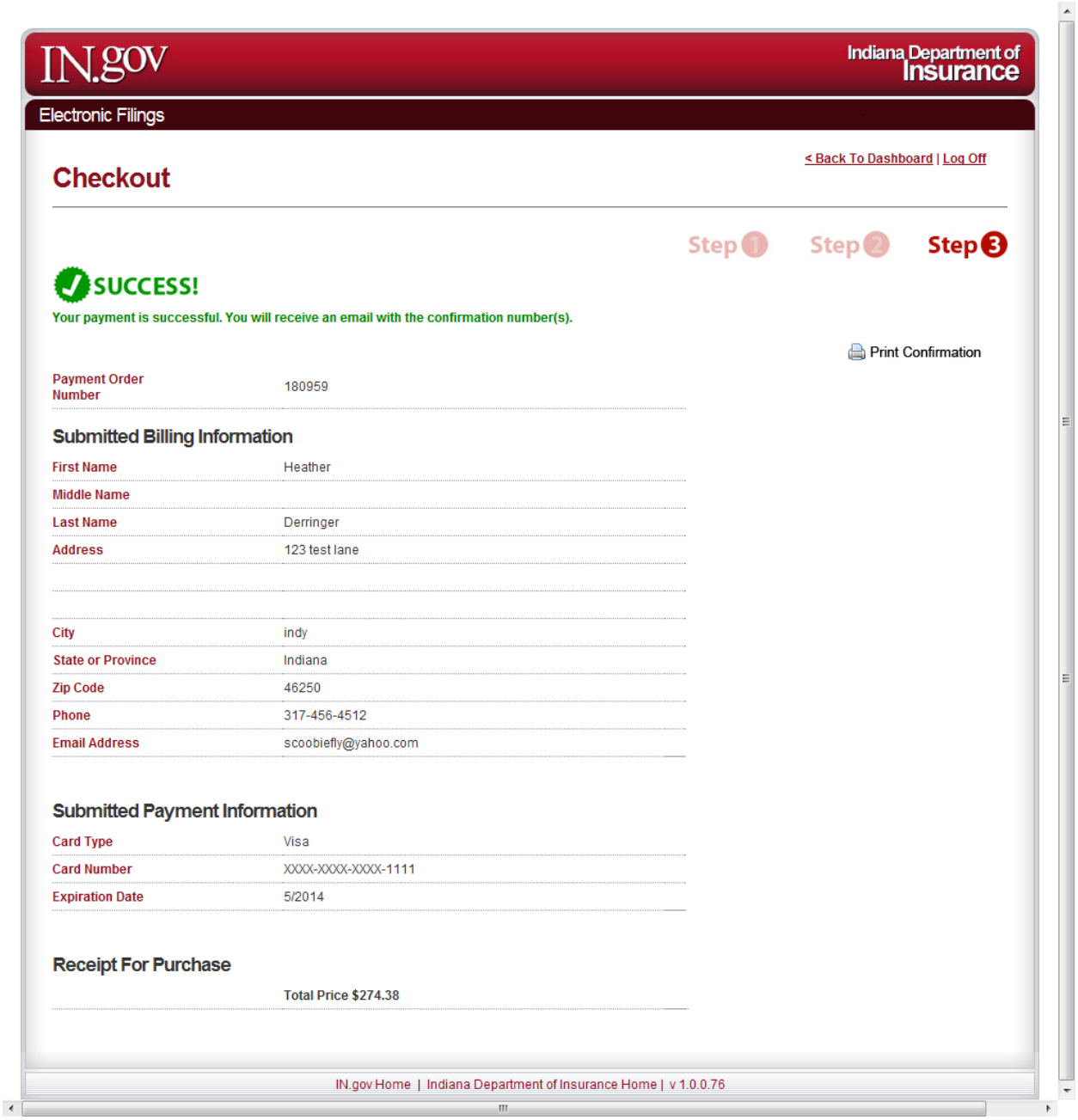
Click **Continue** to Proceed.

Pay Selected Filings – Checkout Process – Payment via Credit Card (cont.)



Verify that all information is correct and click **Continue.** If you receive an error message, please make corrections and click **Continue.**

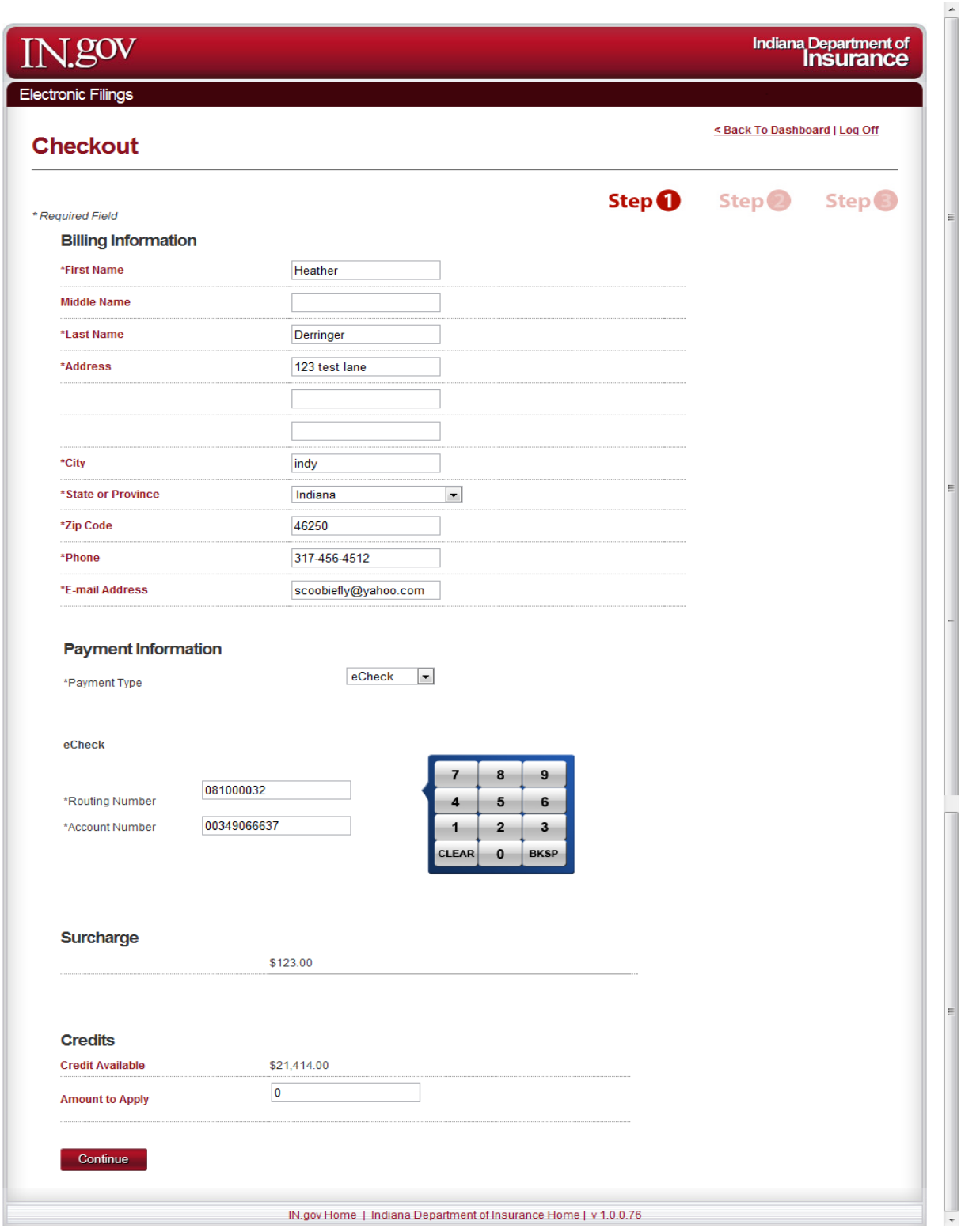
Pay Selected Filings – Checkout Process – Payment via Credit Card (cont.)



If your payment is successful, you will see this screen. Either the carrier admin or carrier payer (user completing payment process) will receive an email with confirmation number(s) for each certificate included in this payment. The time for processing will vary depending upon the number of certificates that were submitted for payment.

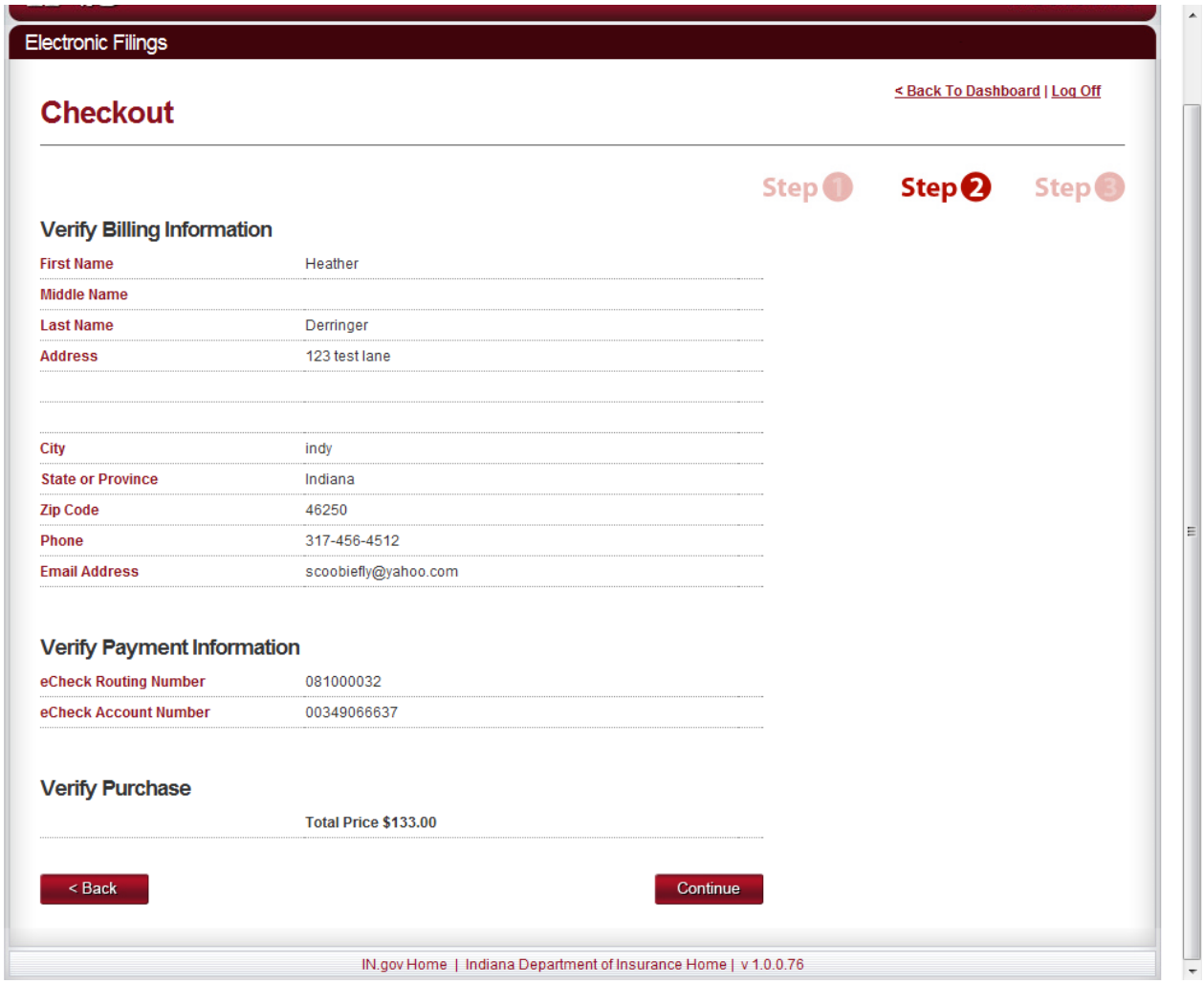
You may now click **Back to Dashboard** to proceed with additional options.

Pay Selected Filings – Checkout Process – Payment via Echeck (cont.)



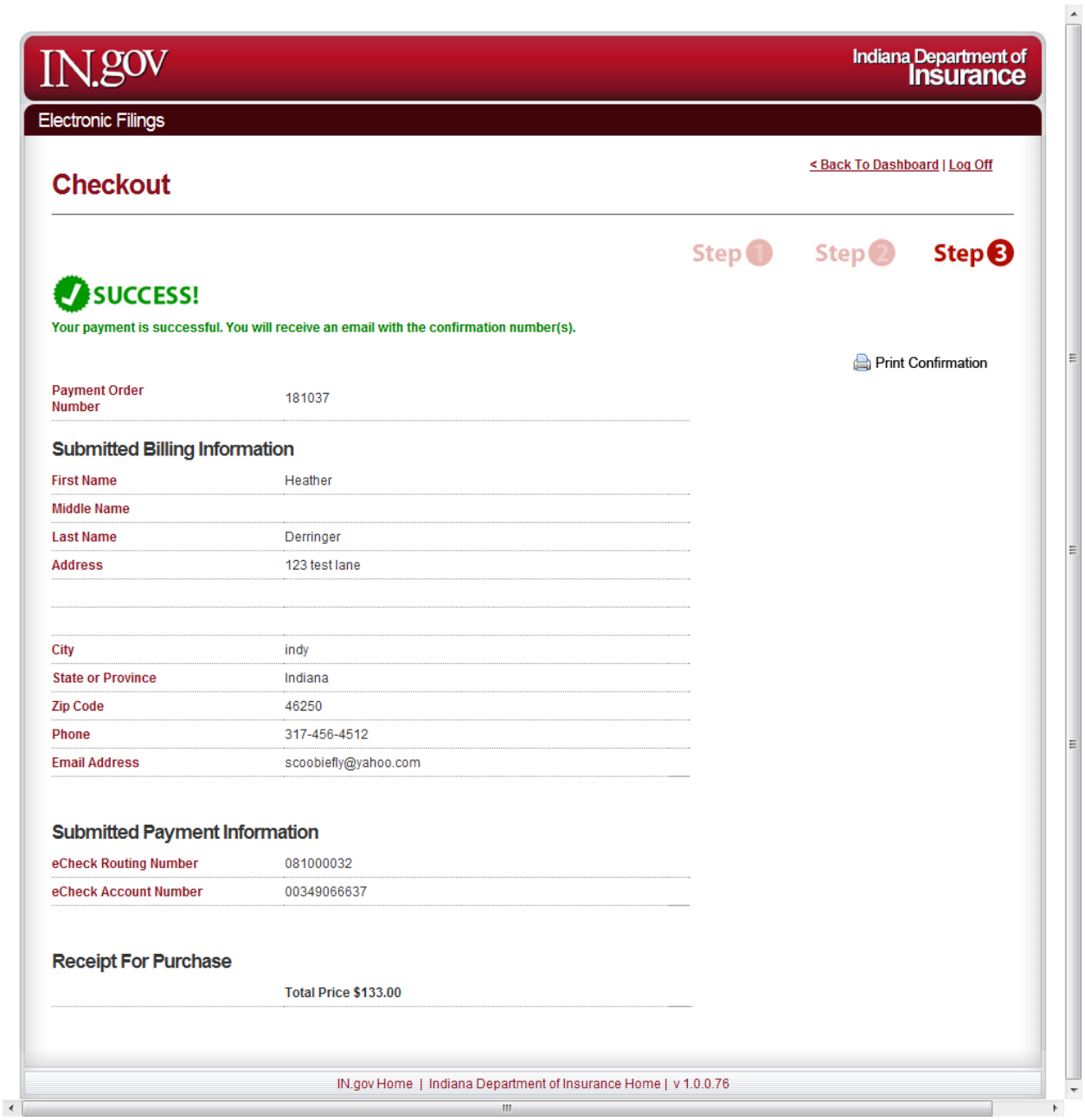
Verify that all information is correct and click **Continue.** If you receive an error message, please make corrections and click **Continue.**

Pay Selected Filings – Checkout Process – Payment via Echeck (cont.)



Verify that all information is correct and click **Continue.** If you find errors, please click **Back** button to make corrections.

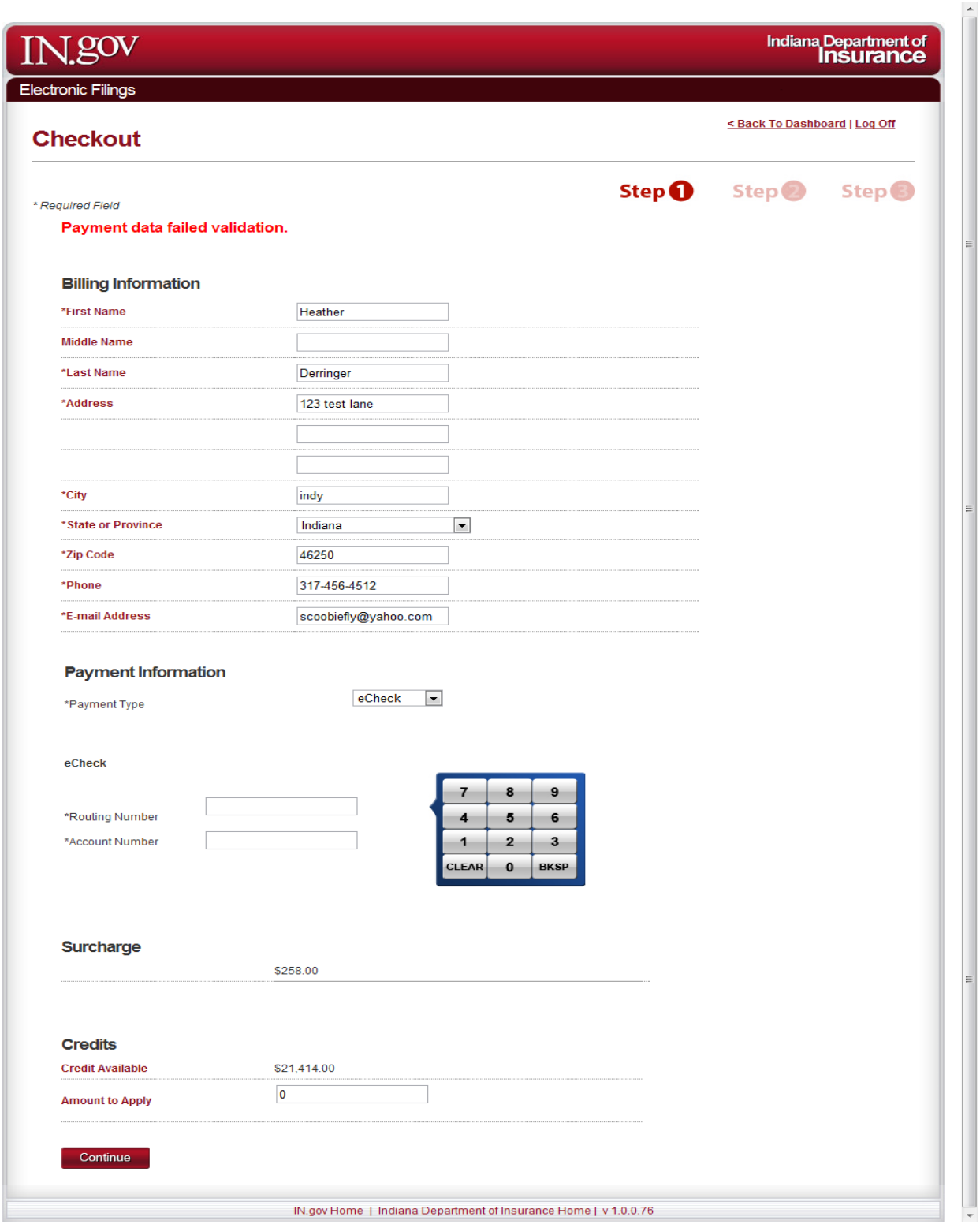
Pay Selected Filings – Checkout Process – Payment via Echeck (cont.)



If your payment is successful, you will see this screen. Either the carrier admin or carrier payer (user completing payment process) will receive an email with confirmation number(s) for each certificate included in this payment. The time for processing will vary depending upon the number of certificates that were submitted for payment.

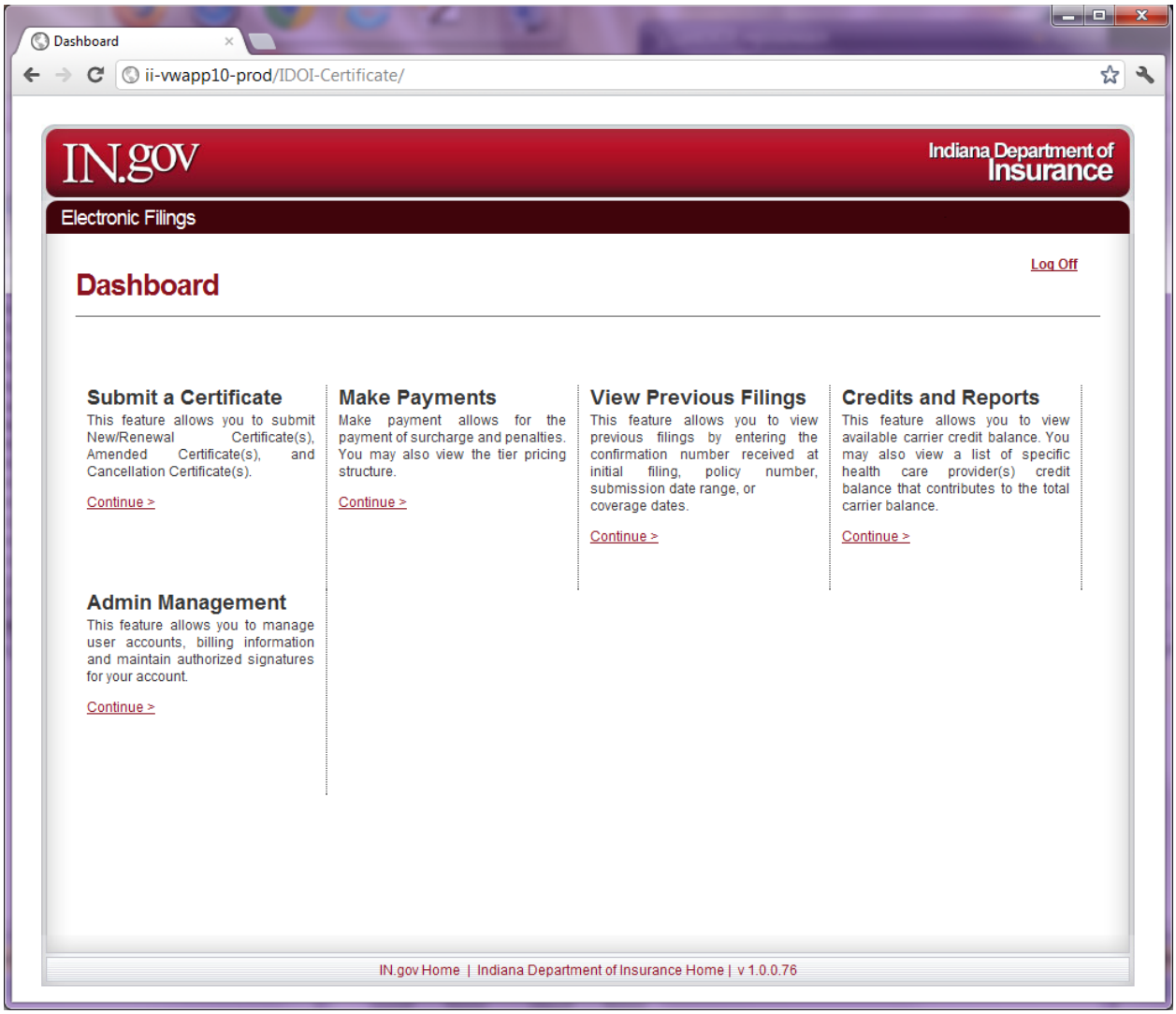
You may now click **Back to Dashboard** to proceed with additional options.

Pay Selected Filings – Checkout Process - Payment Failed (cont.)



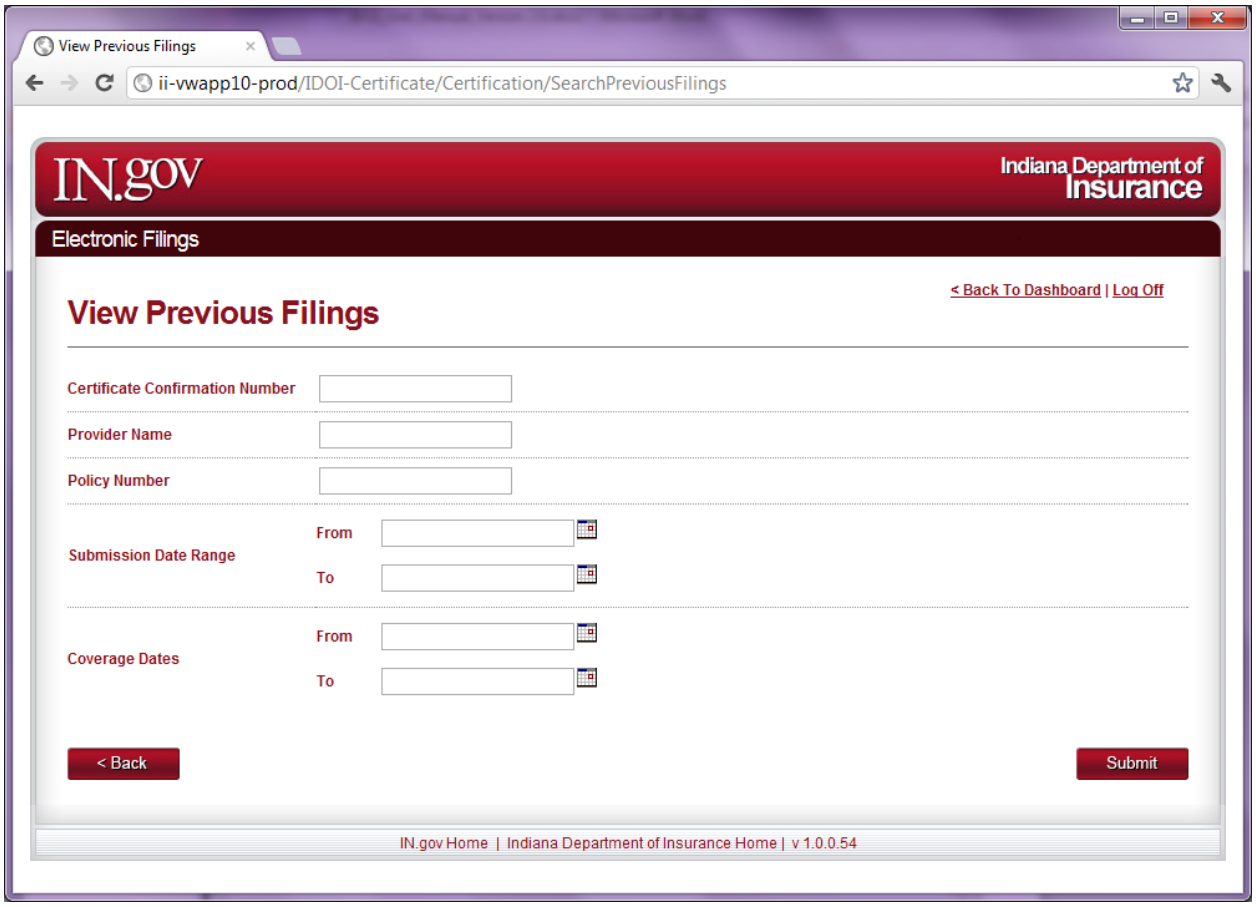
You may receive an error message if you have entered an incorrect routing number for an Echeck or an incorrect account number for a credit card. Please verify information and try your payment again. If you continue to have problems entering your payment information, please contact your financial institution.

View Previous Filings



Click **Continue** under View Previous Filings on the Dashboard to proceed.

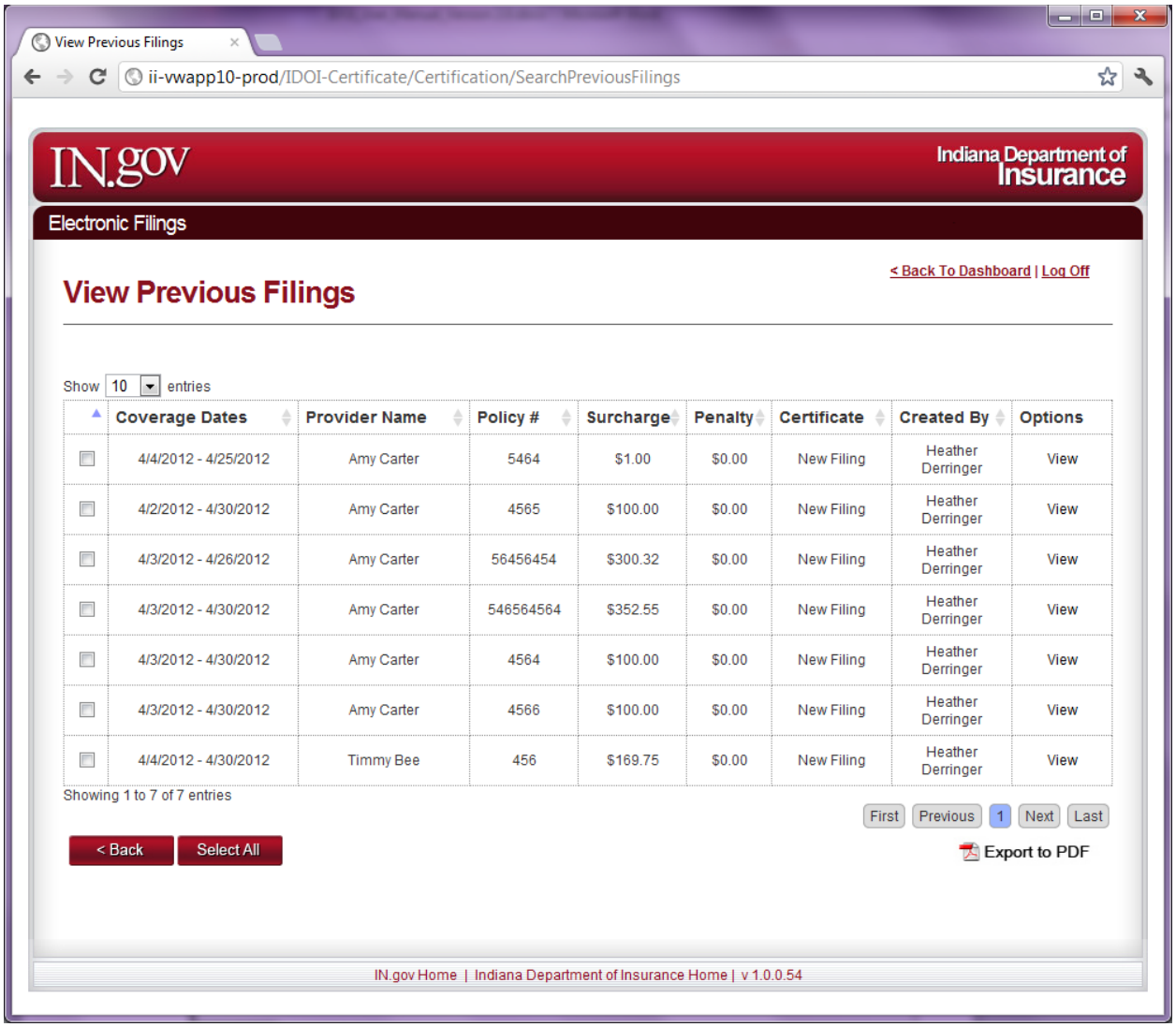
View Previous Filings (cont.)



You may search by a previously submitted certificate by entering information into the search fields. Your search will be narrowed by entering as much information into as many fields as you can. The Certificate Confirmation Number was provided via email when the certificate was previously submitted.

Click **Submit** to proceed.

View Previous Filings (cont.)

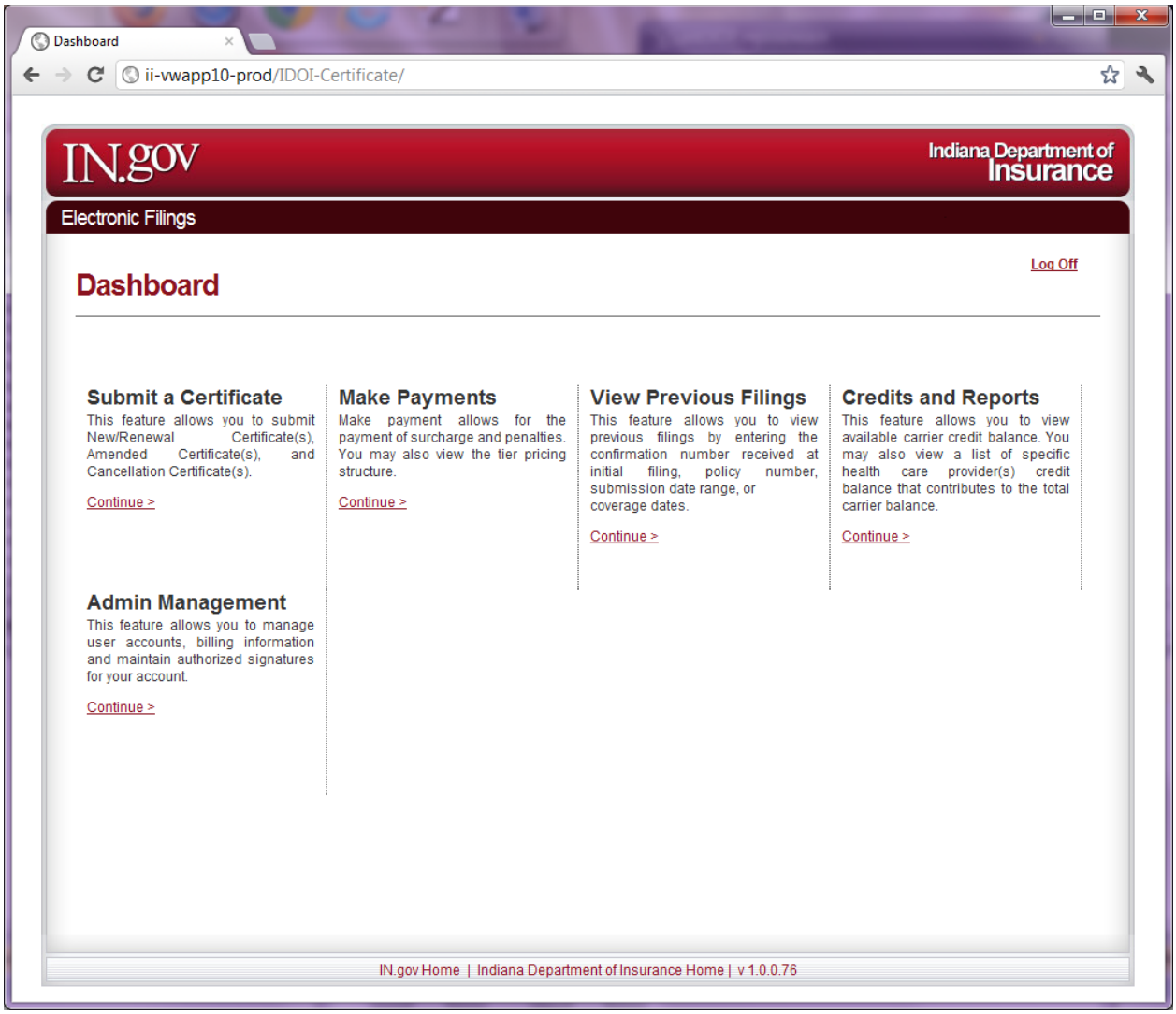


Certificates previously submitted will appear in a list. By clicking the box to the left of the certificate, you may view all information by clicking on View. If the certificate does not appear on this page, click next or previous to see more certificates.

You may also export an individual certificate or select all to export all certificates to a .PDF report.

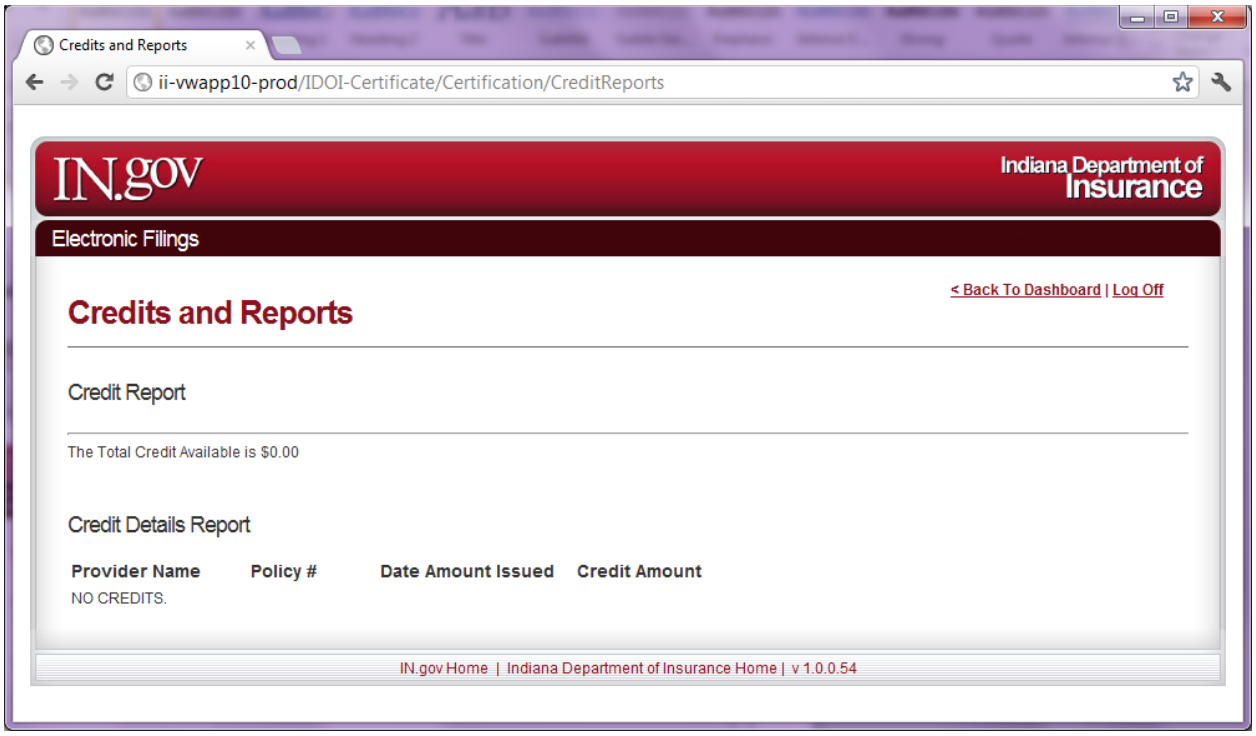
If you would like to go back, click **Return to Dashboard** or the Back button.

Credits and Reports



Click **Continue** under Credits and Reports on the Dashboard to proceed.

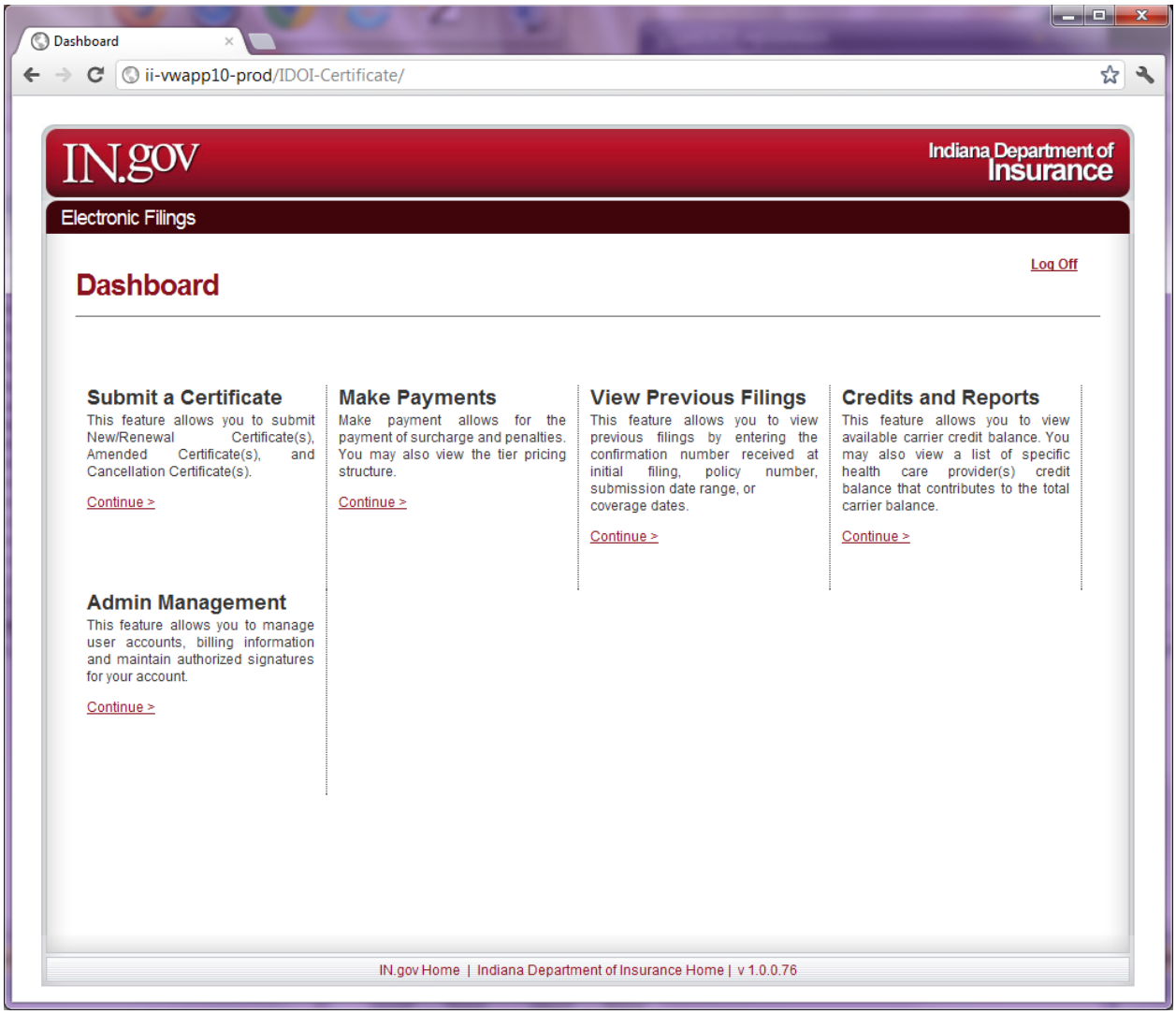
Credits and Reports (cont.)



Any credits that are available to use will be shown on this page. You may use any part of or all of this amount when making payments during the Checkout Process and entering the amount in the Amount to Apply field.

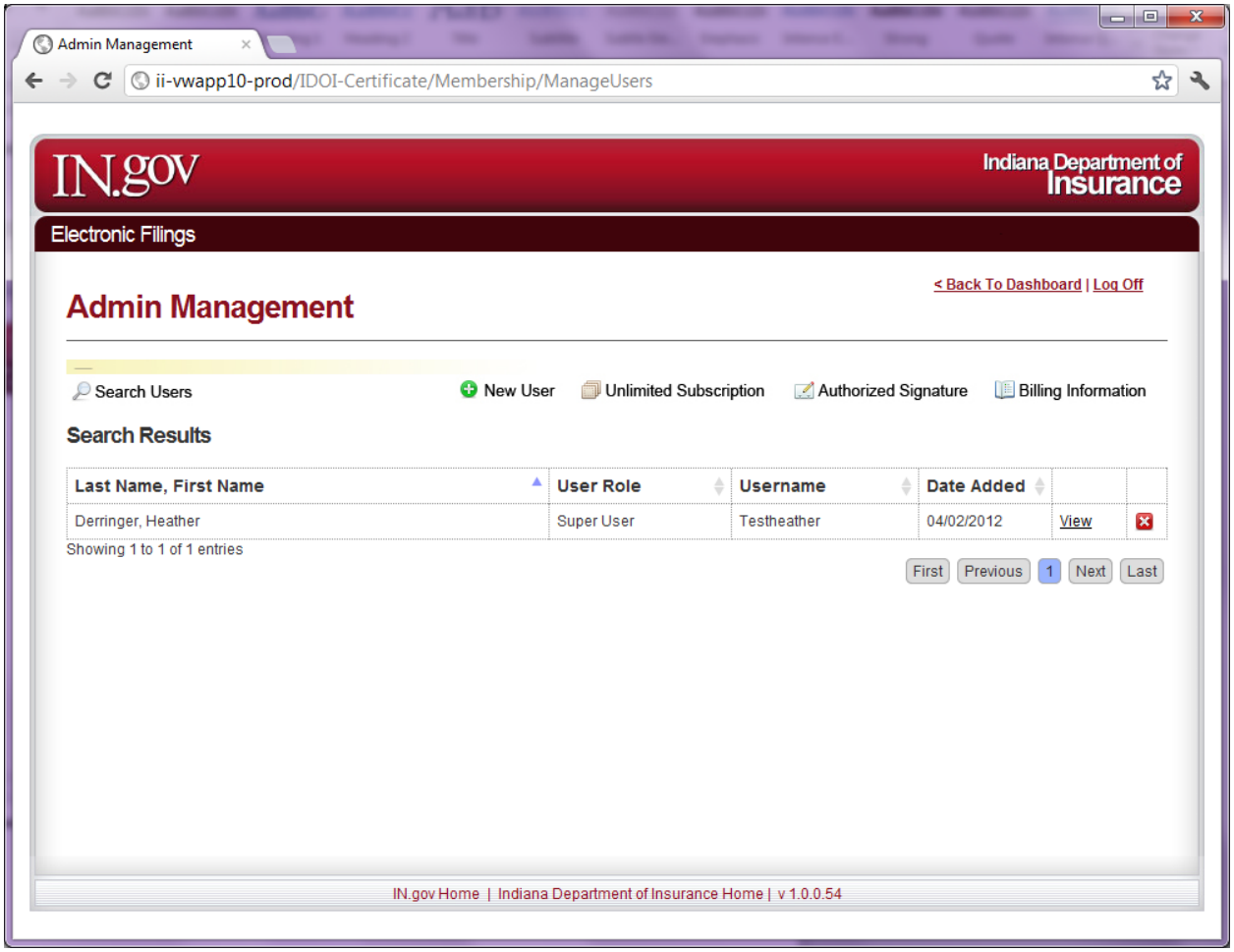
Click **Back to Dashboard** to continue.

Admin Management



Click **Continue** under Admin Management on the Dashboard to proceed.

Admin Management (cont.)



Admin Management allows the designated user(s) to manage all other users for this account. You may add, view, or delete users, or edit current users and billing information. You may also upgrade your account to an Unlimited Subscription in this section.

Click **Return to Dashboard** once you have finished editing information.